

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Mmural
Do not use this space.
40975

668

JAN 26 1934

80
4
8

1. PLACE OF DEATH
 County St. Louis Registration District No. _____
 Township _____ Primary Registration District No. 3032
 City Delaware (No. 624) St. _____ Ward _____
 2. FULL NAME Mary Alice Anderson
 (a) Residence, No. 624 E 11 St. _____ Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 311
 Registered No. 668
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank T Anderson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 5 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
58 8 8
 8. Trade, profession, or particular kind of work done, as spianer, sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO
 13. NAME Tom D Owens
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
 15. MAIDEN NAME Gertrude Pal
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO
 17. INFORMANT Fred Anderson (ADDRESS) San City MO
 18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Hill DATE 12/18 33
 19. UNDERTAKER Helppie Fuel Home (ADDRESS) Delaware 7345
 20. FILED 12-18 19.33 Jean Slack Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 33
 22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1933, to Dec 13, 1933
 I last saw h. alive on Dec 13, 1933 Death is said to have occurred on the date stated above, at 11:20 am.
 The principal cause of death and related causes of importance were as follows:
 _____ Date of onset _____
Coma (cerebral hemorrhage)
8:20
8:20
9:27
 Other contributory causes of importance:
arterio-sclerosis
cerebral arteriosclerosis + Paralysis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? C Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Alfred E Mmural, M. D.
 (Address) 1111 W 9 Delaware MO

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

