

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.

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 53 County Laclede Registration District No. 449
 Township Washington Primary Registration District No. 5607
 City St. Louis (No. 5612) St. St. Louis Ward 12

2. FULL NAME Rebecca Alice Anderson

(a) Residence, No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Carl J. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22 - 1862

7. AGE YEARS 71 MONTHS 2 DAYS 3 If LESS than 1 day, ...hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Laclede Co. (STATE OR COUNTRY)

13. NAME Samuel Morris

14. BIRTHPLACE (CITY OR TOWN) Term (STATE OR COUNTRY)

15. MAIDEN NAME Mary Blanchenish

16. BIRTHPLACE (CITY OR TOWN) Term (STATE OR COUNTRY)

17. INFORMANT S. H. Anderson (ADDRESS) Laborer Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE Feb. 27 1934

19. UNDERTAKER Palmy (ADDRESS) Laborer Mo.

20. FILED 2/25 1934 SA M. Arch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1934 to Feb 21 1934

I last saw him alive on Feb 21 1934 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Feb 18

108

Other contributory causes of importance: 108

Name of operation none Date of

What test confirmed diagnosis? Physician's report Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... 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 none

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify P. Thompson (Signed) , M. D.

(Address) Laborer Mo.

