

MAR 24 1934

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

Dr. Scherlock
Do not use this space.

5537

1. PLACE OF DEATH

County *Lafayette*Registration District No. *164*File No. *16*

Township

Primary Registration District No. *4277*Registered No. *37*City *Adena* (No. _____) St. _____ Ward _____2. FULL NAME *Larsh Lavinia 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 *20* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*4. COLOR OR RACE *White*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Presley Anderson*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 9 - 1851*

7. AGE

YEARS *82*MONTHS *4*DAYS *9*

If LESS than 1 day, hrs. min.

OCCUPATION

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

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) *6 weeks*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Johnson Co.*13. NAME *Janeft Roach*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*15. MAIDEN NAME *Elizabeth Brown*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Johnson Co.*17. INFORMANT *Mrs. F. E. Wilkening* (ADDRESS) *Adena Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Evansville Mo.* DATE *Feb. 19 1934*19. UNDERTAKER *Philon T. Jones* (ADDRESS) *Adena Mo.*20. FILED *March 5, 1934* *R. C. Scherlock* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 16 18 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb 5*, 1934, to *Feb 16*, 1934I last saw him alive on *Feb 6*, 1934. Death is said to have occurred on the date stated above, at _____ m.

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

Cardiac Failure

Date of onset

Other contributory causes of importance:

1. pneumonia - one month previous to death. General debility & weakness

Name of operation _____ Date of _____

What test confirmed diagnosis? *stom* 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 _____

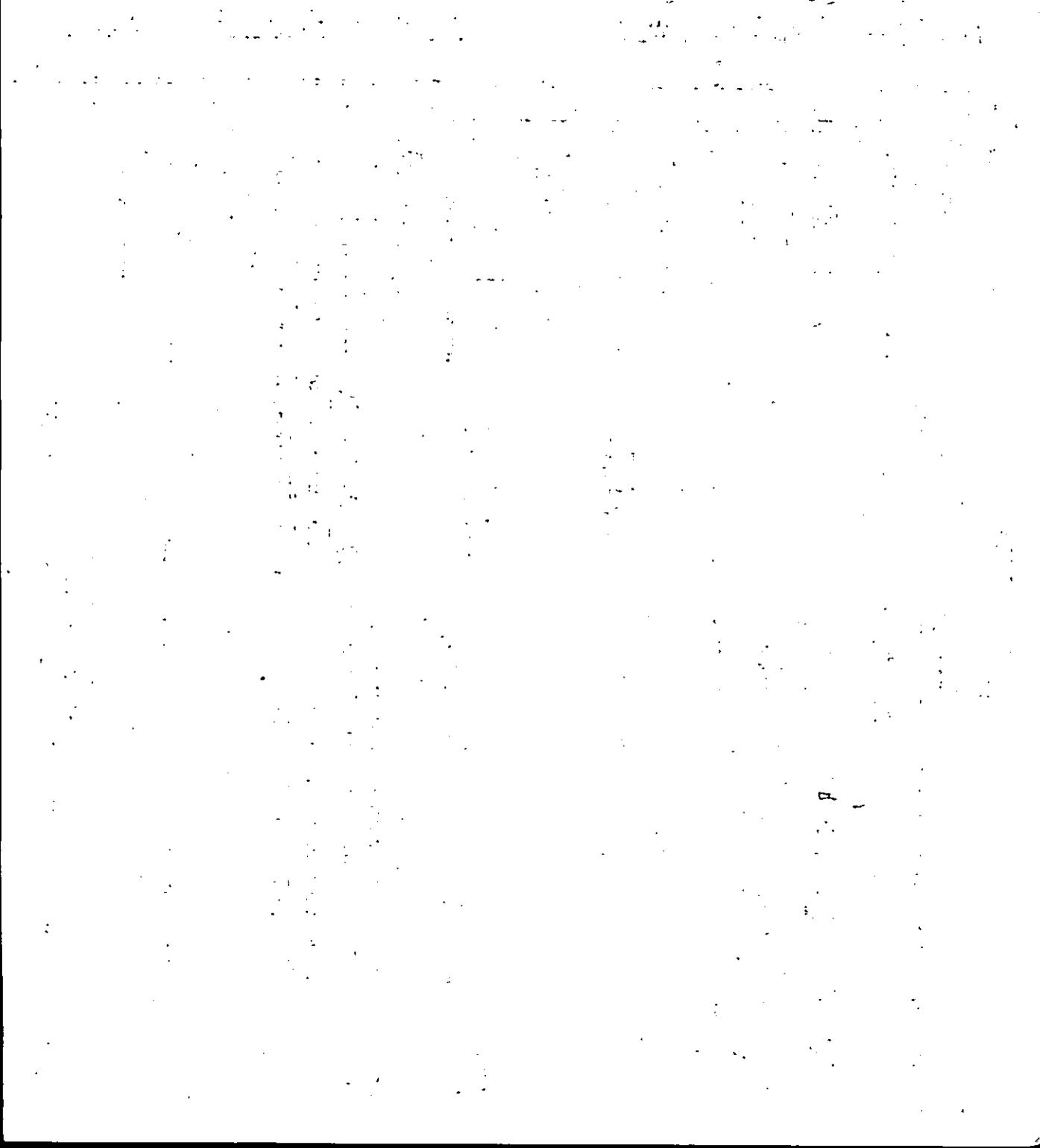
Nature of injury _____

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

If so, specify _____

(Signed) *W. E. Scherlock*, M. D.(Address) *O. Scherlock, Adena*

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.



#2

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,

BUREAU OF THE CENSUS

Special Agent,

Jefferson City, Mo.

WASHINGTON

5537

16-37

Dear Sir,

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Sarah Lavinia Anderson
Who died at _____ on Feb 16 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 82 Months 4 Days 9

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Cardene France

Birthplace of father (State or country) Myocarditis Acute

Birthplace of mother (State or country) _____

Principal cause of death: pneumonia lobar

Sen Debility - Senility

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

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 _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Mrs E.M. Goodwin Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. Mc Gaugh M.D.
Special Agent.

Reg. Dist. No. 464

Primary Reg. Dist. No. 4277

