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.

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

Do not use this space.

13753-A

File No. 12

Registered No. 12

JUL 17 1934

1. PLACE OF DEATH

County: Pemiscot — Registration District No. 663

Township: Pascola Hayti — Primary Registration District No. 5864

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Mildred Anderson

(a) Residence, No. ..... (Usual place of abode) Pascola Mo. ..... Ward. ..... (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: C.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alex Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 0 11

7. AGE — YEARS: About 48 — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ..... 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.: Farm

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): Okolona Miss

FATHER

13. NAME: Charlie Bush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

MOTHER

15. MAIDEN NAME: Lucy Riley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

17. INFORMANT (ADDRESS): Alex Anderson Pascola Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Co County — DATE: 4-6, 1934

19. UNDERTAKER (ADDRESS) .....

20. FILED: 4-6, 1934 — J. H. Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-5, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... 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:

	Date of onset
Fell dead in field	
Angina Pectoris	
9 hrs	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) J. H. Rhodes - Cor., M. D.

(Address) Hayti Mo.