

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13811

1. PLACE OF DEATH

County

Pettis

Registration District No.

Township

Longwood

Primary Registration District No.

(No.

Longwood

File No.

153

Registered No.

668

St.

Ward)

2. FULL NAME

Florence K Anderson

(a) Residence, No.

(Usual place of abode)

Longwood

St.

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

W

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

Widow

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

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

Feb. 10. 1859

7. AGE

YEARS

75

MONTHS

2

DAYS

19

If LESS than 1 day, hrs.

or min.

OCCUPATION

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.

At Home

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.

MOTHER FATHER

13. NAME

J.M. Kennedy

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

Ky.

15. MAIDEN NAME

Hall

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

Ky.

17. INFORMANT (ADDRESS)

J.O. Latimer

Longwood Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Longwood

DATE

Apr. 30/34

19. UNDERTAKER (ADDRESS)

Gillespie Funeral Home

Sedalia Mo.

20. FILED

4-30-

1934

Jesse Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 29/34

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 7, 1934, to Apr. 29, 1934

I last saw him alive on Apr. 29, 1934

Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Coronary Atherosclerosis

Arterio Sclerosis

Other contributory causes of importance:

Eudenteritis - Langum

of toes. Soft foot

Name of operation

None

What test confirmed diagnosis?

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

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) D. P. Howell

(Address) Longwood Mo.

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.

