

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

Do not use this space.

27888

1. PLACE OF DEATH

County Schuyler
Township Glenwood
City _____ (No. _____)

Registration District No. 805
Primary Registration District No. 6049

File No. 29
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Martha M. Anders

(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 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 John Anders
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 13

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Downing Mo.

13. NAME Nelson Ashford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Mary McNulty

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

17. INFORMANT (ADDRESS) John Anders Glenwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLAC Pleasant Grove DATE July 16, 1934

19. UNDERTAKER (ADDRESS) John A. Roberts Lancaster, Mo.

20. FILED July 28 1934 Byrdie H. Drake Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 14, 1934

22. I HEREBY CERTIFY that I attended deceased from June 1934 to July 1934

I last saw him alive on July 11, 1934 Death is said to have occurred on the date stated above, at 11 A. M.

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

Gastric Carcinoma Date of onset _____

Other contributory causes of importance: 46

46

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Wap 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) P. Hart M. D.

(Address) Coatesville 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.

AUG 14 1934

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

24/5/57