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.

OCT 15 1934

1. PLACE OF DEATH

County: Linn — Registration District No.: 496 — File No.: 33330

Township: — Primary Registration District No.: 3025 — Registered No.: 82

City: Brookfield (No. Brookfield Hospital St. Ward)

2. FULL NAME: Clementine Mata Anderson

(a) Residence, No. 425 East Park St., 1st Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4/27/1865

7. AGE: 69 YEARS — MONTHS: 4 — DAYS: 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Milwaukee Wis.

FATHER

13. NAME: Edmund Hesse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mulehausen Germany

MOTHER

15. MAIDEN NAME: Dorothy Johns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mulehausen Ger.

17. INFORMANT (ADDRESS): Edmund Anderson La Fayette - Ga.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Rose Hill DATE: 9/23/34, 19

19. UNDERTAKER (ADDRESS): C. W. Hill Brookfield Mo

20. FILED 9/23 1934 J. Shucas, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/21/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16 1934 to Sept. 21, 1934

I last saw her alive on Sept. 21, 1934 Death is said to have occurred on the date stated above, at 1:25 P. m.

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

	Date of onset
Crushed Shoulder & Chest	9/16/34
Automobile Accident	
2106	
210M	2/7

Other contributory causes of importance:

Concussion	9/16/34

Name of operation: — Date of: —

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external [illegible] violence, fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/16, 1934

Where did injury occur? Univ. Hamilton Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, [illegible] State Highway 3

Manner of injury: Upsetting Automobile

Nature of injury: Crush Shoulder, Chest, Concussion

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

If so, specify

(Signed) E. D. Stanley, M. D.

(Address) Brookfield 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY COPY

1. PLACE OF DEATH
County: Linn — Registration District No.: 496 — File No.:
Township: — Primary Registration District No.: 3925 — Registered No.: 82
City: Brookfield (No. Brookfield Hospital St.) Ward)

2. FULL NAME: Clementine Matilda 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): Mar.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-27-1865

7. AGE: Years 69 Months 4 Days 24 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.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Thos Lucas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-21- 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
Crushed shoulder & chest
Auto accident
Jumped off pavement
Died second after
Other contributory causes of importance:
Concussion.

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, [redacted]
Specify whether injury occurred in industry, in home, or in public [redacted]
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ..., M. D.
(Address)

5-33330