

NOV 15 1934

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

Do not use this space.

36546

1. PLACE OF DEATH

County Lewis

Registration District No. 480

Township Union

Primary Registration District No. 5645

City Maywood (No. 1)

File No. 21

Registered No. 21

St. Mo. Ward 1

2. FULL NAME

Martha Anderson

(a) Residence, No. 1 St. Mo. Ward 1

(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Jack Andrew J. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1861

7. AGE YEARS 72 MONTHS 11 DAYS 24 If LESS than 1 day, hrs. or min.

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

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) Lewis County (STATE OR COUNTRY) Mo.

13. NAME Jack Carlin

14. BIRTHPLACE (CITY OR TOWN) Lewis County (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Unknown

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

17. INFORMANT Joseph G. Beckett (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Rever Christian Church DATE Oct 27 1934

19. UNDERTAKER A. F. Chambers (ADDRESS) Maywood Mo.

20. FILED 10/25 1934 1183 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24 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:

Natural Cause Date of onset

1934

Other contributory causes of importance: 20 mo

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) Arthur A. Robert Paris

(Address) La Grange, Mo

1