

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.

35993

1. PLACE OF DEATH

County Pike Registration District No. 689
 Township ~~North Carolina~~ Primary Registration District No. 3033
 City Lawrenceville (No. 1415, North Carolina St. 4 Ward)

2. FULL NAME

Mary Miles Anderson
 (a) Residence, No. 1415 N. Carolina St., 4 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1st, 1866

7. AGE YEARS 68 MONTHS 2 DAYS 15 If LESS than 1 day, hrs. or min.

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) Pike County (STATE OR COUNTRY) Mo

13. NAME Sidney Miles

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

15. MAIDEN NAME Lucy ? ?

16. BIRTHPLACE (CITY OR TOWN) Lincoln, County (STATE OR COUNTRY) Mo

17. INFORMANT Vernon Anderson (ADDRESS) Peoria, Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cemetery DATE 10/20 1934

19. UNDERTAKER J. C. Haley Jr. (ADDRESS) Lawrenceville, Mo

20. FILED 10/17 1934 J. C. Haley Jr. Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/16 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934 to Oct 16, 1934

I last saw her alive on Oct 15, 1934. Death is said to have occurred on the date stated above, at 10 m.

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

Cerebral Hemorrhage Date of onset 8/2/34
Hemorrhage 2 days
8221

Other contributory causes of importance: Arteriosclerosis (2)

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. C. Haley Jr., M. D.

(Address) Lawrenceville, Mo

