

DEC 19 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Putnam
 Township Jackson
 City None

Registration District No. 718
 Primary Registration District No. 3-949

File No. 40389

Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George W. Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-10-1850</u>		
7. AGE <u>84</u>	YEARS <u>2</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		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

OCCUPATION

FATHER

MOTHER

MOTHER

MOTHER

MOTHER

MOTHER

MOTHER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-21-1934
 22. I HEREBY CERTIFY, That I attended deceased from Nov-8-1934 to Nov-22-1934
 I last saw her alive on Nov-20-1934 Death is said to have occurred on the date stated above, at 7:45 A.M.
 The principal cause of death and related causes of importance were as follows:

General Atherosclerosis
110
1040
110
 Other contributory causes of importance:
Cold & flu

Date of onset

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. M. Smith, M. D.
 (Address) St. Louis, Mo.

19. UNDERTAKER Carroll M. M. M.
 (ADDRESS) St. Louis, Mo.
 20. FILED Nov 23, 1934 W. C. Gillman
 Registrar

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.

