

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

Do not use this space.

MAY 24 1935

1. PLACE OF DEATH

County Douglas

Registration District No. 288

Township Independence

Primary Registration District No. 24064172

City

(No. _____)

St.

Ward

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St.

Ward.

(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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

J. J. Anderson

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

Feb. 14 - 1904

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

31

-

21

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)

Paragould - Ark.

13. NAME

Marion Thompson

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

Paragould Ark.

15. MAIDEN NAME

Anderson

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

Unknown

17. INFORMANT (ADDRESS)

J. J. Anderson

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Placed

DATE

Apr - 9, 1935

19. UNDERTAKER (ADDRESS)

Baldwin Funeral Home

20. FILED

May 6, 1935

Thurston Davis

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Apr - 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from

March 1, 1935, to April 5, 1935

I last saw her alive on March 10, 1935. Death is said

to have occurred on the date stated above, at 3-15 PM.

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

Uterine carcinoma

Date of onset

Other contributory causes of importance:

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? No

If so, specify

(Signed) J. J. Rigdon M. D.

(Address) Kennett 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.

