

JUN 20 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12443

1. PLACE OF DEATH

County Duane
 Township Independence
 City Independence (No.)

Registration District No. 288
 Primary Registration District No. 5406

File No.
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. Bettie Jean Anderson 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1927
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
8 0 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin County, Mo.13. NAME E. V. Anderson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence, Mo.15. MAIDEN NAME Virginia Mitchell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence, Mo.17. INFORMANT (ADDRESS) E. V. Anderson18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE April 11, 193519. UNDERTAKER (ADDRESS) M. Daniel20. FILED May 22, 1935 - Thurber Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1935 to April 16, 1935
 I last saw him alive on 4-16 1935 Death is said to have occurred on the date stated above, at 7:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
Aspiration
 Date of onset: April 12, 1935

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?
 If so, specify

(Signed) E. V. Anderson M. D.
 (Address) Independence, 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.

