

OCT 17 1935

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

Do not use this space.
15-610-1
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Buchanan
Township _____
City _____ (No. _____)

Registration District No. 114
Primary Registration District No. 193

2. FULL NAME

Minnie E. Anderson

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

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27 1861

7. AGE YEARS 74 MONTHS 1 DAYS 20 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) (STATE OR COUNTRY) Platt Co Mo

13. NAME Alfred Kirkpatrick

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

15. MAIDEN NAME Mahala Blande

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

17. INFORMANT Emil Anderson (ADDRESS) Bushville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sugar Creek DATE 5-19 1935

19. UNDERTAKER Sawyer & Douglas (ADDRESS) Atchison Mo.

20. FILED 5-18-1935 L. D. Gingers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1935

22. I HEREBY CERTIFY, That I attended deceased from April 27 1935 to May 1 1935

I last saw her alive on May 1 1935 Death is said to have occurred on the date stated above, at 3 a.m.

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

Carcinoma of uterus 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? _____

If so, specify _____

(Signed) C. W. Foster, M. D.

(Address) St Joseph Mo.

Mr Foster, & Mc, adow. Kirk.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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