

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.

16625

1. PLACE OF DEATH

County Jacobs Registration District No. 399
Township Reed Primary Registration District No. 1002
City Hannibal (No. 4537) Benton St. _____ Ward _____

File No. _____
Registered No. 2137
St. _____ Ward _____

2. FULL NAME

Johanna Anderson
(a) Residence, No. 4537 Benton St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 8 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1935, to May 23, 1935
I last saw her alive on May 22, 1935. Death is said to have occurred on the date stated above, at 12:40 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1867

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 11 8

Nephritis (chronic) Date of onset 1910
Arteriosclerosis 1932
Myocarditis (chronic) 1933

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

Other contributory causes of importance: MI

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Marcus Goll

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1935
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Susanna Ellenecker

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

17. INFORMANT Wm Anderson (ADDRESS) Braunfeld, Mo

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Chavez DATE 5-25, 1935

19. UNDERTAKER B J Meek (ADDRESS) Braunfeld, Mo

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Harvey E. Schoen M. D.
(Address) 243 W. W. Bldg. Kansas City, Mo

20. FILED May 24, 1935 W. W. Corwin Registrar

85 M.
8-2-79
1868-6-13
1935-5-23
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