

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.

JUN 24 1935

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

Do not use this space.

16964
39

1. PLACE OF DEATH

County Lafayette
Township Jefferson
City St. Louis (No. 461)

Registration District No. 461
Primary Registration District No. 2625

File No. 16964
Registered No. 39
St. St. Louis Ward 1

2. FULL NAME

(a) Residence, No. Georgia Ann Anderson St. St. Louis Ward 1
(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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
Approx 85 years

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) As Information

13. NAME As Information

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

15. MAIDEN NAME As Information

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

17. INFORMANT (ADDRESS) Ben Prock Wellington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellington Mo. DATE May 6 1935

19. UNDERTAKER (ADDRESS) Winkler Furniture Co. Lexington Mo.

20. FILED May 12 1935 F. B. Beates Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1935 to May 1st 1935. I last saw him alive on April 29th 1935. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Arterio Sclerosis
Old Age
Other contributory causes of importance: As Information

Name of operation As Information Date of As Information
What test confirmed diagnosis? As Information Was there an autopsy? As Information

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

Manner of injury As Information
Nature of injury As Information

24. Was disease or injury in any way related to occupation of deceased?
If so, specify As Information
(Signed) F. B. Beates, M. D.
(Address) Wellington Mo.

