

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cass
 Township Union
 City Annabelle (No. Anderson)

Registration District No. 149
 Primary Registration District No. 6213

File No. 19178
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Annabelle Anderson

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

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE M. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20 - 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
68. 8 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER James Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Scotland
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Joan Ferguson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scotland
 (STATE OR COUNTRY)

14. INFORMANT Mrs Ruth Glenn
 (Address) Cleveland Mo

15. FILED 6-3-1935 Yes & Mysio.

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1935

17. I HEREBY CERTIFY, That I attended deceased from 5-10-1935 to 6-2-1935 that I last saw her alive on 5-21-1935 and that death occurred, on the date stated above, at 9:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis

CONTRIBUTORY (SECONDARY) Myocarditis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATEWAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. A. McVicker, M. D.

6-2-1935 (Address) Cleveland Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Myrna Love
Independence Mo

6-4 1935

20. UNDERTAKER

ADDRESS

Geo E Myers

Cleveland Mo

SEP 2 1958