

JUL 29 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

21827

1. PLACE OF DEATH

County Scott
 Township 5
 City Commerce (No. 4493)

Registration District No. 817Primary Registration District No. 6066

File No. _____

Registered No. 3

St. _____ Ward _____

2. FULL NAME

Mary Ellen 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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Franklin Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23-1883

7. AGE YEARS 52 MONTHS 2 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Scott Co. Mo.13. NAME Milford Wyle14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Tennessee15. MAIDEN NAME Elizabeth Thompson16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Tennessee17. INFORMANT Norval Anderson Commerce Mo
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL Commerce Mo
PLACE DATE July 2 193519. UNDERTAKER Walter Bros
(ADDRESS) Cape Girardeau Mo20. FILED June 30 1935 H. J. Blackledge
Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 193522. I HEREBY CERTIFY That I attended deceased from June 30 1935I last saw her alive on June 30 1935 Death is saidto have occurred on the date stated above, at 10 P. m.

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

Valvular disease 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? no

If so, specify _____

(Signed) H. J. Blackledge M. D.(Address) Commerce Mo

