

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.

AUG 15 1935

22798

1. PLACE OF DEATH

County Greene Registration District No. 323
Township Murray Primary Registration District No. 5448
City (No.) St. Ward

File No. _____
Registered No. _____

2. FULL NAME Miss Pearl Rena 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 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30, 1909</u>		
7. AGE YEARS <u>26</u>	MONTHS <u>1</u>	DAYS <u>0</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home work</u>
	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) <u>1932</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) McKinley, Mo
(STATE OR COUNTRY)

13. NAME Homer E. Anderson

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

15. MAIDEN NAME Cora Franklin

16. BIRTHPLACE (CITY OR TOWN) Bolivar, Mo
(STATE OR COUNTRY)

17. INFORMANT Mrs. H. E. Anderson, Willard
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesleys Cem. DATE August 1, 35

19. UNDERTAKER Greenwade Funeral Home
(ADDRESS) Willard.

20. FILED Aug. 4 1935 Mrs. Ralph Hughes
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7th., 1934 to July, 30th., 1935
I last saw her alive on 7 / 30 / 1935. Death is said to have occurred on the date stated above, at 6.30 P.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 1930

Other contributory causes of importance: usual

Name of operation none Date of _____
What test confirmed diagnosis? usual swabs an autopsy? no

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) P. J. Winkler, M. D.
(Address) Bois D'Arc, Mo.

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