

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

Do not use this space.

40549

FEB 20 1936

1. PLACE OF DEATH

County Pemiscot
Township Croft
City Stark (No. _____)

Registration District No. 656
Primary Registration District No. 5893

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Woodall Anderson

(a) Residence, No. _____ St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>col</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>9-10-1889</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>3</u>	DAYS <u>4</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>labor</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) _____ 11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Learned miss.</u>		
13. NAME <u>Issac Anderson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K.</u>		
15. MAIDEN NAME <u>Sallie Woodall</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K.</u>		
17. INFORMANT <u>Dr. Willis Thomas</u> (ADDRESS) <u>Memphis Tenn</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Holy grove</u> DATE <u>12-15-1935</u>		
19. UNDERTAKER <u>Wm. H. Smith</u> (ADDRESS) <u>Stark Mo</u>		
20. FILED <u>1-13-1936</u> <u>Tom Buzan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:45 m.

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

Died Suddenly. Date of onset _____

Apoplexy.

Other contributory causes of importance:

found dead

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? _____

If so, specify _____

(Signed) Wm. H. Smith M. D.

(Address) Stark Mo

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