

MAR 19 1936

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

Do not use this space.

5039

1. PLACE OF DEATH

County Cass
Township Washington
City Captlingen Mills (No. 1165)

Registration District No. 5-234
Primary Registration District No. 5-234

File No. Feb 25 1936
Registered No. 143
St. Ward

2. FULL NAME

Myrtle 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 Female 4. COLOR OR RACE White 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) Nov 18, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 10 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Stockton, Mo

13. NAME H M Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ash Grove

15. MAIDEN NAME Myrtle Garrett

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

17. INFORMANT Bill Anderson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Stockton DATE Feb 10 1936

19. UNDERTAKER H. J. Davis & Co (ADDRESS) Stockton, Mo

20. FILED Feb 25, 1936 X. J. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1936, to Feb 9 1936

I last saw her alive on Feb 9 1936. Death is said to have occurred on the date stated above, at 12:00 p.m.
The principal cause of death and related causes of importance were as follows:

Plomatin
Poisoning

Date of onset

18 hrs

Other contributory causes of importance:

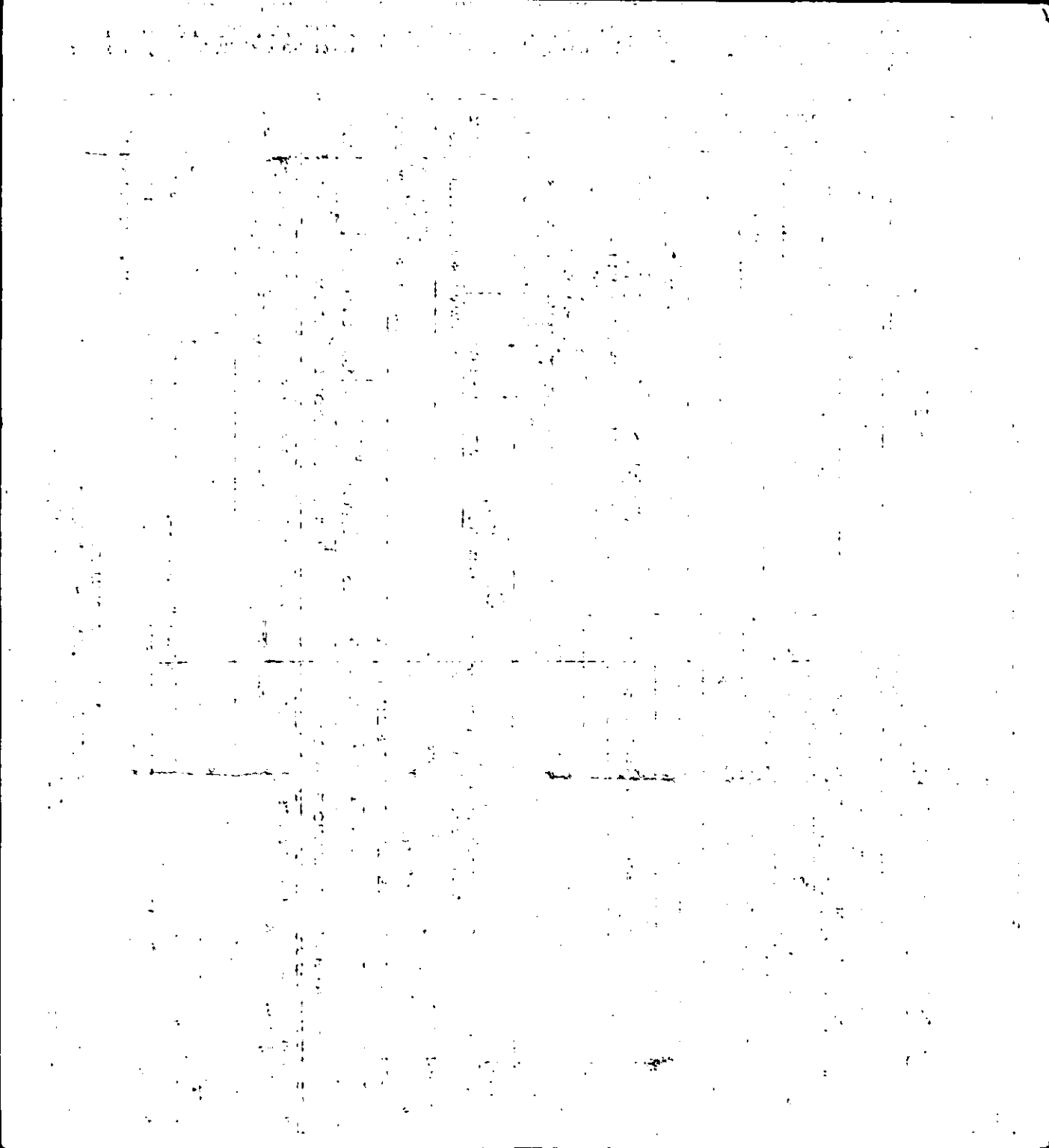
Name of operation None Date of
What test confirmed diagnosis? clinical Was there an autopsy?

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) R. H. Neumann M. D.
(Address) Hannemannville Mo



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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Cedar
Township Washington
City _____ (No. _____)

Registration District No. 165-
Primary Registration District No. 3234

File No. 2/25-1936
Registered No. _____

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 2 10 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

20. FILED 2/25-1936 Mrs. D. A. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 1936

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

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Plomaine poisoning Date of onset _____

Don't know

Other contributory causes of importance: Food causing same unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city, 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) R. C. News, M. D.

(Address) Humanville

S-5039