

MAR 19 1936

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

32 Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 400Township PeoriaPrimary Registration District No. 5553 BCity Little Blue (No. 10)NovelFile No. 6336Registered No. 48

St. _____ Ward _____

2. FULL NAME

(a) Residence No. 76

(Usual place of abode)

Jemie AndersonNovel St. _____

Ward _____

(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)

W

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

Widow

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

67 83622

OCCUPATION

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

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

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)

Sweden

FATHER MOTHER

13. NAME

Mary Anderson

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

Sweden

15. MAIDEN NAME

Johanna Gustaf

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

Sweden

17. INFORMANT (ADDRESS)

Ernest Jackson
76 Novel

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Kirkville, Mo.

DATE

Feb. 29, '36

19. UNDERTAKER (ADDRESS)

Ketterlin
Novel

20. FILED

Feb 7 - 1936William T. Field

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 27 1936

22. I HEREBY CERTIFY, That I attended deceased from

1-1, 1936 to 2-24, 1936I last saw her alive on 2-24, 1936 Death is saidto have occurred on the date stated above, at 5:15 p.m.

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

Senile debility

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? clinical Was there 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)

W. G. Green

M. D.

(Address)

Independence, Mo.

