

MAR 12-1936

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

Do not use this space.

8426

## 1. PLACE OF DEATH

County.....  
Township.....  
City...St. Louis.....

Registration District No.....  
Primary Registration District No.....  
(No. City Hospital No 1).....

791

1003

File No.....  
Registered No. 2108  
St. .... Ward)

2. FULL NAME Helen Lydia Anderson

(a) Residence, No. 1306 Dillon  
(Usual place of abode)

St. 22 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 23, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
25 6 2

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) East St. Louis  
(STATE OR COUNTRY) Illinois

13. NAME Earl S. Kiphart

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

15. MAIDEN NAME May Broadwell

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

17. INFORMANT James M. Anderson  
(ADDRESS) 1306 Dillon

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Feb. 27, 1936

19. UNDERTAKER A. W. McLaughlin  
(ADDRESS) 2301 Larayette

20. FILED 2-26 1936 J. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from

2/19, 1936, to 2/20/36

I last saw h. 2/20/36 alive on 2/20/36. Death is said

to have occurred on the date stated above, at Bellefontaine.

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

Laparotomy 2/18/36 - Date of onset

Generalized peritonitis

obstruction for Removal

Other contributory causes of importance:

Def. Qualifier Injunc

Non-Malignant

Name of operation..... Date of 2/18/36

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) A. B. Ottum, M. D.  
(Address) City Hospital

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.

