

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

Do not use this space.

8862

1. PLACE OF DEATH

County Shelby Registration District No. 831
Township West Creek Primary Registration District No. 4504
City Shelbyville (No.) St. Ward)

2. FULL NAME

Mary Joyce 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robt. Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 25 1858</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>0</u>
		DAYS
		<u>10</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>Housewife</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>Marion Co Mo</u>		
FATHER	13. NAME <u>Lewis Kinchelow</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>	
MOTHER	15. MAIDEN NAME <u>Lucy Sites</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co Mo</u>	
17. INFORMANT <u>Lewis Wood</u> (ADDRESS) <u>Shelbyville, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Dale Cemetery</u> DATE <u>Jan 7 1936</u>		
19. UNDERTAKER <u>E. P. Thompson</u> (ADDRESS) <u>Shelbyville, Mo</u>		
20. FILED <u>Feb 7 1936</u> <u>Pearl Gae</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 28 1936 to Feb 5 1936
I last saw her alive on Feb 5 1936 Death is said to have occurred on the date stated above, at 4:30 p. m.
The principal cause of death and related causes of importance were as follows:
Influenza about Jan 25
Broncho pneumonia about Jan 30

Other contributory causes of importance:
None

Name of operation None Date of None
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) N. D. Leary, M. D.
(Address) Shelbyville, Mo

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.

