

APR 23 1936

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

Do not use this space.

11967

1. PLACE OF DEATH

County Platte Registration District No. 696
Township Carroll Primary Registration District No. 5924
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 13

2. FULL NAME

Minnie Elizabeth Anderson
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 10 1903</u>		
7. AGE	YEARS <u>33</u>	MONTHS <u>1</u>
	DAYS <u>29</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>Ky</u>		
FATHER	13. NAME <u>Wm Shanks</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
MOTHER	15. MAIDEN NAME <u>Mary Cook</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
17. INFORMANT <u>Walter Anderson</u> (ADDRESS) <u>Platte City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Platte City</u> DATE <u>3-10</u> 19 <u>36</u>		
19. UNDERTAKER <u>J. F. Preece</u> (ADDRESS) <u>Platte City, Mo.</u>		
20. FILED <u>4/3</u> 19 <u>36</u> <u>Mrs. Francis C. Munn</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from
March 7 1936 to March 8 1936

I last saw her alive on March 8 1936 Death is saidto have occurred on the date stated above, at 12 m.

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

Robert Pneumonia Date of onset
3/7/36

Other contributory causes of importance:

Name of operation _____ 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) Spence Pedersen M. D.(Address) Platte City, 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

