

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.

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

Do not use this space.

JUN 7 1936

18784

1. PLACE OF DEATH

County Wash. Co. Independence
Township 4th
City 11

Registration District No. 125
Primary Registration District No. 3009
(No. St. Francis Hosp)

File No.
Registered No. 156
St. Ward)

2. FULL NAME

(a) Residence, No. 430 Wilcox St., Ward. 4
(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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed with Ed. Frank</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 1 - 1857</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>11</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</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) Ballinger Co

FATHER 13. NAME John W. Anderson

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

MOTHER 15. MAIDEN NAME Elizabeth Krausman

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

17. INFORMANT Miss E. ...
(ADDRESS) ...

18. BURIAL, CREMATION, OR REMOVAL
PLACE ... DATE ...

19. UNDERTAKER ...
(ADDRESS) ...

20. FILED J-10-36 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/10 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/7 1936 to 5/10 - 1936
I last saw him alive on 5/9 - 1936, 1936. Death is said to have occurred on the date stated above, at 2:45 pm

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

Date of onset
5/7

Other contributory causes of importance:
...

Name of operation ... Date of 4/24/36
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? No
If so, specify

(Signed) John D. Porterford M. D.
... Registrar.

811

210-