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

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.

JUN 17 1936

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

Do not use this space.

File No. 18805

Registered No. 180

1. PLACE OF DEATH

County: Cape County — Registration District No. 125

Township: — Primary Registration District No. 3009

City: Cape Girardeau Mo (No. St. Mo Hospital St. Ward)

2. FULL NAME: Mrs. Bell Anderson

(a) Residence, No. Commerce Mo. St., Ward. Commerce Mo
(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: 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: C. E. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 25th 1877

7. AGE: 59 — YEARS — MONTHS — DAYS: 5 days. If LESS than 1 day, hrs. or min.

OCCUPATION

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

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 COUNTY): Commerce Scott County

FATHER

13. NAME: John D. Gaither

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Kentucky

MOTHER

15. MAIDEN NAME: Columbia Daugherty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Cape County

17. INFORMANT (ADDRESS): Sister (name?) Commerce Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Commerce, Mo DATE: J-31, 1936

19. UNDERTAKER (ADDRESS): Walthers Cape Girardeau Mo.

20. FILED: J-30, 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1936, to May 29th, 1936. I last saw he v. alive on May, 1936. Death is said to have occurred on the date stated above, at 3:16 m.

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

Carcinoma of the liver with metastases into the spinal cord. — Date of onset: Unknown

Other contributory causes of importance: Chronic Myocarditis with aortic Regurgitation — Date of onset: about 1933

Name of operation: None — Date of

What test confirmed diagnosis? None — Was there an autopsy? No

23. If death was due to external causes (violence), state also the following:
Accident, suicide, or homicide? No — 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) George H. Walker, M. D.
(Address) Cape Girardeau Mo

S(2)-18802