

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.

JUL 25 1936

23707

1. PLACE OF DEATH

County Barren

Registration District No. 661

Township Caruthersville

Primary Registration District No. 4388

City Caruthersville (No. 1)

File No. 68

Registered No. 68

St.

Ward

2. FULL NAME

(a) Residence, No.

St.

Ward.

(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

col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

child

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

Henry Anderson

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

AUG 4 - 1935

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

0

10

3

OCCUPATION

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

child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

child

10. Date deceased last worked at this occupation (month and year)

child

11. Total time (years) spent in this occupation

child

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Caruthersville Mo

FATHER

13. NAME

Henry Anderson

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

Vicksburg Miss

MOTHER

15. MAIDEN NAME

Partha Anderson

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

Covington Tenn

17. INFORMANT (ADDRESS)

Henry Anderson

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mason Care

DATE 6-8

1936

19. UNDERTAKER (ADDRESS)

J. M. Anderson

20. FILED

June 13, 1936

Uda Martin

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 7, 1936

I HEREBY CERTIFY That I attended deceased from

June 2, 1936 to June 7, 1936

Last saw her alive on June 7, 1936 Death is said

to have occurred on the date stated above, at 4:15 a.m.

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

Typhoid fever complicated with colitis etc

Date of onset

Other contributory causes of importance

Improper feeding, contaminated milk & drinking water etc

Name of operation

Date of

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

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) Jacob W. Cook, M. D.

(Address) Caruthersville, Mo

