

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.

AUG 18 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

Do not use this space.

28149

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.....
City **St. Louis** (No. **1321**), **Sublette Ave** St. _____ Ward _____

File No.....
Registered No. **6896**

2. FULL NAME **Mella Anderson**

(a) Residence, No. **1321 Sublette Ave** St. **4** Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 4, 1846**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	87	7	3	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	Housewife
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....	Self
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Franklin Co**
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Warren**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **James L Anderson**
1321 Sublette

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Waynesville, Mo** DATE **July 9**, 19**36**

19. UNDERTAKER (ADDRESS) **A. W. McLaughlin**
2301 Lafayette Ave

20. FILED **JUL 8 1936** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 7, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 3rd**, 19**36**, to **July 7th**, 19**36**.
I last saw her alive on **July 6th**, 19**36**. Death is said

to have occurred on the date stated above, at **6:00 P.M.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Arterio-sclerosis

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....., 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) **H. Ernest Murphy**, M. D.

(Address) **6120 Victoria Ave**

