

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.

31485

1. PLACE OF DEATH

County Laclede
Township Rebun
City St. Louis (No. , Ward)

Registration District No. 449
Primary Registration District No. X267

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Mrs. Minnie Ann Anderson
(Usual place of abode) Montreal, Mo. St. _____ Ward _____

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. (If nonresident, give city or town and State)

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>Leslie Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 29, 1875</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>10</u>	DAYS <u>723</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) OK.

13. NAME William Ford

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

15. MAIDEN NAME Radford

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

17. INFORMANT Mrs. John Garrison
(ADDRESS) Montreal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Camden, Mo. DATE 8-9-1936

19. UNDERTAKER Barker-Wesley
(ADDRESS) Camden, Mo.

20. FILED 8-7-1936 J. A. McCune
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to Aug 6, 1936.
I last saw him alive on Aug 6, 1936. Death is said to have occurred on the date stated above, at _____ m.

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

Central Hemorrhage Date of onset July 1, 1936

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) P. Thompson, M. D.
(Address) St. Louis, Mo.

