

NOV 7 1936

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

Do not use this space.

33562

1. PLACE OF DEATH

County Barry  
Township West Creek  
City West Creek (No.       )

Registration District No. 29  
Primary Registration District No. 5038

File No.         
Registered No. 54  
St.        Ward       

2. FULL NAME

Mildred Anderson  
(a) Residence, No. 902 W. Chestnut Carthage Mo.  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Boyd Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 26 1906</u>		
7. AGE YEARS <u>30</u> MONTHS <u>4</u> DAYS <u>14</u>	If LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</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) <u>Orange</u> <u>Iowa</u>		
FATHER	13. NAME <u>Samuel Baldwin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Ollie Seeres</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
17. INFORMANT <u>Cathrine Morhouse</u> (ADDRESS) <u>902 W. Chestnut</u> <u>Carthage, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home</u> DATE <u>Sept. 13, 1936</u>		
19. UNDERTAKER <u>Horn &amp; Ely</u> (ADDRESS) <u>Carthage Mo.</u>		
20. FILED <u>10-21</u> 1936 <u>Geo W Newman</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>8/10th</u> 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>      </u> , 19 <u>      </u> , to <u>      </u> , 19 <u>      </u> . I last saw h. <u>      </u> alive on <u>      </u> , 19 <u>      </u> . Death is said to have occurred on the date stated above, at <u>7:15 A.m.</u> The principal cause of death and related causes of importance were as follows: <u>Automobile accident</u> <u>Crushed Chest</u> <u>possibly a pinned heart</u> <u>By R.R.</u> Other contributory causes of importance: <u>Deflated rear tire</u> <u>Causing car to</u> <u>over-turn</u> Name of operation <u>      </u> Date of <u>      </u> What test confirmed diagnosis? <u>      </u> Was there an autopsy? <u>no</u> 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>9/10</u> 19 <u>36</u> Where did injury occur? <u>Barry County, Mo. On Highway 37</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>South of Cassville, Mo. on Highway</u> Manner of injury <u>Automobile Accident</u> Nature of injury <u>Crushed Chest</u> 24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>      </u> (Signed) <u>W. H. T. Aaron</u> <u>Carthage</u> (Address) <u>Cassville, Mo.</u>

