

OCT 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2001
City Springfield (No. Baptist Hosp) St. _____ Ward _____

34171

File No. _____
Registered No. 804
St. _____ Ward _____

2. FULL NAME

Mary Susan Alice Anderson
(a) Residence, No. Monk's mo. St. _____ Ward _____
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17th 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 11 29

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

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) Beaver Ark

13. NAME Bundy Burnett

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

15. MAIDEN NAME Mary Susan Bundy

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

17. INFORMANT (ADDRESS) Oliver Anderson

18. BURIAL, CREMATION, OR REMOVAL PLACE 4000 Monk's mo DATE 9-18 1936

19. UNDERTAKER (ADDRESS) A M Callaway
Monk's mo

20. FILED 9-26 1936 Dr Chas a George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1936, to 9-16, 1936

I last saw her alive on 9-16, 1936 Death is said to have occurred on the date stated above, at 1 P.M.

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

Cerebral Thrombosis (Date of onset 9-16-36)

Other contributory causes of importance:
Erysipela of Gall Bladder 9-12-36

Name of operation Drainage of Gall Bladder Date of 9-17-36

What test confirmed diagnosis? _____ Was there an autopsy? NA

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936

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) Fred R. Leathery M. D.

(Address) Medical Arts Bldg
Springfield, Mo.

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.

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