DEC 20 1936

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

Do not use this space.

41704

1. PLACE OF DEATH

County: Johnson — Registration District No.: 431

Township: — Primary Registration District No.: 3023

City: Warrensburg (No. ..., ..., St. ..., Ward)

File No.: — Registered No.: 138

2. FULL NAME Violet Frances Anderson

(a) Residence, No. ..., St., ..., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fe	Wh	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28 1917

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
19	1	4	

OCCUPATION

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

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

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) Warrensburg Mo.

FATHER

13. NAME Clarence Anderson

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

MOTHER

15. MAIDEN NAME Nellie Luvix

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

17. INFORMANT (ADDRESS) Mrs Clarence Anderson Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE Nov. 4 1936

19. UNDERTAKER (ADDRESS) W. F. Wilcox Funeral Service Warrensburg Mo.

20. FILED Nov. 4 1936 Ezra Finley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 1936 Nov 2 to this date, 1936, I last saw him alive on ..., 19..., Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbolic acid poisoning	
Suicide	

Other contributory causes of importance:

Name of operation none Date of ...
What test confirmed diagnosis? inspection & circuit Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 11-2, 1936
Where did injury occur? other home, Warrensburg, Johnson Co. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury Swallowed carbolic acid
Nature of injury Carbolic acid poisoning

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John R. Patterson, M. D.
(Address) Warrensburg 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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