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

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.

JAN 29 1937

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

Do not use this space.

42467

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township — Primary Registration District No. 6033a — Registered No. 448
City Clayton, Mo (No. , St. Louis Co. Hosp. St. Ward)

2. FULL NAME Anderson, Rhoda

(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: Female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Married Wm Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-8-1918

7. AGE: YEARS 18 — MONTHS 8 — DAYS 18 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nil
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): Missouri St. Louis Co.

FATHER
13. NAME: James Madison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri Allenton Mo.

MOTHER
15. MAIDEN NAME: Pinkey Yates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas St. Louis Mo

17. INFORMANT (ADDRESS): Pinkey Madison St. Louis Co.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Pk. DATE 12-1-36, 19

19. UNDERTAKER (ADDRESS): J. C. Lewis Webster Groves

20. FILED 11/30, 1936 Dr A J Liguorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-26-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/30, 1936, to 11/26, 1936
I last saw her alive on Nov. 26, 1936 Death is said to have occurred on the date stated above, at 3:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, miliary	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

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) Wm. U. Stephens, M. D.
(Address) St Louis County Hospital Clayton Mo.