

APR 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County

Buchanan

Registration District No.

85

Township

City

St. Joseph

No.

Primary Registration District No.

1001

File No.

11163

Registered No.

274

St.

Ward)

## 2. FULL NAME

Mary Lou Anderson

(a) Residence, No.

James Road

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Stillborn

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

Stillborn

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

March 19 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

0

0

0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Stillborn

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)

St. Joseph, Mo.

13. NAME

Wilmer Anderson

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

St. Joseph

15. MAIDEN NAME

Lula Johnson

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

Piedmont, Kansas

17. INFORMANT (ADDRESS)

Mrs. Wilmer Anderson  
James Rd

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Ashland Cem.

DATE

3-4

1937

19. UNDERTAKER (ADDRESS)

Placing Funeral Home  
St. Joseph, Mo.

20. FILED

3/3

19

37

A. Nestlebur

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

March 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from at Birth, 19....., to....., 19.....

I last saw h..... alive on Never, 19..... Death is said

to have occurred on the date stated above, 2:30 P.M.

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

Prematurity - 5 months  
Cause unknown

Date of onset

Other contributory causes of importance:

Name of operation

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) L. E. Wadlow - M. D.

(Address) 622 Francis St., St. Joseph

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.

