

APR 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11739

1. PLACE OF DEATH

County Dent
 Township Salem Mo.
 City Salem Mo. (No. _____) St. _____ Ward _____

Registration District No. 266
 Primary Registration District No. 164

File No. _____
 Registered No. 17
 St. _____ Ward _____

2. FULL NAME

Arma Corene Anderson

(a) Residence, No. _____

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. 4

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Infant

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

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

Mar 4 - 1937

7. AGE

YEARS _____

MONTHS _____

DAYS 4

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

OCCUPATION

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

Infant

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)Salem Mo.

FATHER

13. NAME

Arley Lee Anderson14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Dent Co Mo.

MOTHER

15. MAIDEN NAME

Clara L. McElister16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Dent Co Mo.17. INFORMANT
(ADDRESS)Arley Lee Anderson
Salem Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mount Vernon

DATE

Mar 10 193719. UNDERTAKER
(ADDRESS)W. H. Johnson
Salem, Mo.

20. FILED

3/9
1937
H. E. Knudsen, Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Mar. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from
Mar. 4, 1937, to Mar. 8, 1937

I last saw him alive on March 7, 1937. Death is said
 to have occurred on the date stated above, at 3:30 p.m.

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

Obstipation

Date of onset
Mar 4

Other contributory causes of importance:

Letarus Neonatorum

Name of operation

None

Date of _____

What test confirmed diagnosis?

Test of _____

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?

If so, specify _____

(Signed)

Chas. L. Dineen, M. D.

(Address)

Salem, Mo.

