

APR 20 1937

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

Do not use this space.

12108

1. PLACE OF DEATH

County Iron
Township Acadega
City Groton

Registration District No. 391
Primary Registration District No. 4230

File No.
Registered No. 23 St. Ward)

2. FULL NAME

Jara Belle 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. 3 ds. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) Millspring Mo.

13. NAME William Brinkley

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

15. MAIDEN NAME Matilda Luenbach

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

17. INFORMANT (ADDRESS) Donald C. Anderson
Putnam Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gads Hill Mo DATE March 7 1937

19. UNDERTAKER (ADDRESS) Ray Pish
Putnam Mo.

20. FILED Mar 16 1937 RA Rasch

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4 1937, to March 6 1937

I last saw her alive on March 6 1937 Death is said

to have occurred on the date stated above, at 4 P. m.

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

Broncho-Pneumonia?

Other contributory causes of importance:

Influenza
Pregnancy

Name of operation Date of

What test confirmed diagnosis? none 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) R. E. Farland, M. D.
(Address) Groton, 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.

