APR 28 1937

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

Do not use this space.

13773

1. PLACE OF DEATH

County _Scott_
Township _Richland_
City _Sikeston_ (No. , St. Ward)

Registration District No. _821_
Primary Registration District No. _4553_

File No.
Registered No.

2. FULL NAME _Lucille Dunklin 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 _24_ yrs. _1_ mos _27_ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _Female_
4. COLOR OR RACE _Colored_
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Married_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Jan 15 1913_

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	24	1	27	

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) _Scott Co Mo_

FATHER
13. NAME _Luther Dunklin_
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _New Madrid Co Mo_

MOTHER
15. MAIDEN NAME _Carrie Surrell_
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Scott Co Mo_

17. INFORMANT (ADDRESS) _Katie Thompkins Sikeston Mo_

18. BURIAL, CREMATION, OR REMOVAL
PLACE _Sikeston_ DATE _3/15_ 19 _37_

19. UNDERTAKER (ADDRESS) _H Gillen Sikeston Mo_

20. FILED _4-6_ 19 _37_ _W H Presnell_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Mar 13 1937_

22. I HEREBY CERTIFY, That I attended deceased from _March 1_ 19__ to _March 13_ 193_7_

I last saw her alive on _March 12_ 19_37_. Death is said to have occurred on the date stated above, at _6 30_ m.

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

Tuberculosis of Lungs

Date of onset

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) _J F Falls_ _Sikeston Mo_ , M. D.
(Address)