

MAY 21 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

16508

1. PLACE OF DEATH

45 County ShannonRegistration District No. 376

Township

Primary Registration District No. 4220

City

Amurthy

(No)

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs.

mos.

ds.

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Bettie Anderson

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

April 8th 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

641118

OCCUPATION

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

Painter

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

30

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

Virginia

13. NAME

Oswal Anderson

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

Virginia

15. MAIDEN NAME

Bettie Kerkerdi

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

Virginia

17. INFORMANT (ADDRESS)

Maude Pemberton Amurthy Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Rossville

DATE

March 23, 1937

19. UNDERTAKER (ADDRESS)

A. H. Walker Amurthy Mo

20. FILED

May 3, 1937W. M. Dickerson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from

March 20, 1937, to March 21, 1937I last saw him alive on March 20, 1937. Death is saidto have occurred on the date stated above, at 7 A m.

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

Cerebral hemorrhageDate of onset
1934

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)

W. P. Hutchinson

, M. D.

(Address)

Rossville 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.

