

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

Do not use this space.

21152

1. PLACE OF DEATH

County Saint Charles,

Registration District No. 757

Township

Primary Registration District No. 3036

City Saint Charles

(No. 704 Lewis Street

File No.

Registered No. 78

St. Ward

2. FULL NAME Nannie Anderson

(a) Residence, No. 704 Lewis Street

St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

Negro

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED—

HUSBAND OF
(OR) WIFE OF

Hamilton Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

60

5

15

day, hrs.

or min.

OCCUPATION

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

Housework

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) April 1, 1937

11. Total time (years) spent in this occupation Unk.

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

Saint Charles
Missouri

13. NAME

Edward Black

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

Saint Charles, Co.
Missouri

15. MAIDEN NAME

Amanda-Unavailable

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

Saint Charles, Co.
Missouri

17. INFORMANT (ADDRESS)

Mrs Ida Willard
704 Lewis Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove Cem. DATE May 19, 1937

19. UNDERTAKER (ADDRESS)

Charles J. Gates
4107-09 Finney Avenue

20. FILED

5/19 1937 Clarence H. Hessler
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from MAY 13, 1937, to May 16th, 1937

I last saw her alive on May 16th, 1937 Death is said to have occurred on the date stated above, at 2:30 m. a.m.

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

Date of onset

Acute Influenza

Other contributory causes of importance:

Name of operation None

Date of

What test confirmed diagnosis Clinical 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) Dr. J. H. Taylor, M. D.

(Address) 200 a Main Street
Saint Charles, Mo.

