

AUG 24 1937

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

Do not use this space.

49 PLACE OF DEATH

County

Jasper

Registration District No.

411

File No.

27484

Township

Joplin

Primary Registration District No.

20021

Registered No.

City

Joplin

(No.)

1516 Furnace

St.

Ward)

2. FULL NAME

Clea L Anderson

(a) Residence, No.

1516 Furnace

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.

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

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

widow

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

John

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

mch 3 - 1864

7. AGE

YEARS

73

MONTHS

4

DAYS

8

If LESS than 1 day, hrs. or min.

OCCUPATION

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

House duty

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)

Sandwich Ill

FATHER

13. NAME

Peter Sheel

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

York State

MOTHER

15. MAIDEN NAME

Matie Brubaker

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

York State NY

17. INFORMANT (ADDRESS)

Mr. John Harris

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Creston Mo

19. UNDERTAKE (ADDRESS)

Hubert M. D. Co

20. FILED

7-12-37

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11-37 19

22. I HEREBY CERTIFY, That I attended deceased from

June 10, 1937, to July 11, 1937

I last saw her alive on July 11, 1937 Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Nephritis, chr.

Date of onset

Other contributory causes of importance:

old age

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? NO

If so, specify.....

(Signed) William E. Craig M. D.

(Address) Joplin, Mo

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. FORM 2
30M-22-36
1 X9314

