

AUG 25 1937

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

Do not use this space.

27786

1. PLACE OF DEATH

County MeruTownship Ravanna

City

(No.

Registration District No. 556Primary Registration District No. 5751

File No.

Registered No. 49

St.

Ward)

2. FULL NAME

(a) Residence, No.

St.,

Ward.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

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

yrs.

mos.

da.

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

Wm Anderson

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

June 16 - 1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

46018

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

Housewife

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)

March 16, 1937

11. Total time (years) spent in this occupation

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

Lucerne, Mo

FATHER

13. NAME

W. G. Rabb

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

Ohio

MOTHER

15. MAIDEN NAME

Ellis

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

Lucerne, Mo

17. INFORMANT (ADDRESS)

Jetta Anderson Lucerne, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lucerne, Mo

DATE

July 5, 1937

19. UNDERTAKER (ADDRESS)

Neil Mass

20. FILED

7/5

19

Q M Perry

Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 4, 1937

22. I HEREBY CERTIFY That I attended deceased from

Mar 15, 1937, to July 4, 1937I last saw him alive on Mar 15, 1937 Death is saidto have occurred on the date stated above, at 5 p.m.

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

ApoplexyFrom Stroke paralysis

Other contributory causes of importance:

Nephritis Chronic

Name of operation

No Operation

Date of

What test confirmed diagnosis?

Physicianas there an autopsy? Yes

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)

(Address)

L. A. Steele

M. D.

