

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

Do not use this space.

28450

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No.)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 117 St. Ward)

2. FULL NAME

Mary Narcissa 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 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Gallup Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31, 1856
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 5 4

8. Trade, profession, or particular kind of work done, as splainer, 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) 11. Total time (years) spent in this occupation

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

13. NAME Methanial McClain

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

15. MAIDEN NAME Sarah E. VanWinkle

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

17. INFORMANT (ADDRESS) Mary E Anderson

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE July 6, 1937

19. UNDERTAKER (ADDRESS) Short-McCrory Marshall Mo

20. FILED 7-5-1937 Mary Kent 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 April 30, 1934 to July 4, 1937

I last saw her alive on July 17, 1937 Death is said

to have occurred on the date stated above, at 11 P.M.

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

chronic Bronchial Asthma Date of onset
for 56 years
Sensitivity?

Other contributory causes of importance:

Name of operation 112 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) W. L. E. Brink M. D.

(Address) Marshall, 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.

