

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.

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Buchanan

Registration District No. 85

File No. 30168

Township.....

Primary Registration District No. 1001

Registered No. 895

City..... St. Joseph,

(No. 4007, Terrace Ave.

St. _____ Ward)

2. FULL NAME

Emma E. Anderson

(a) Residence, No. 4007 Terrace Ave. St. _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emil J. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 7, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>80</u>	<u>7</u>	<u>8</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>At Home.</u>
	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) Unk. Sweden

FATHER 13. NAME ? Seterson

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Sweden

MOTHER 15. MAIDEN NAME Unk.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Sweden

17. INFORMANT (ADDRESS) Mrs. L. C. Johannes
4007 Terrace Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Aug, 29, 1937

19. UNDERTAKER (ADDRESS) Walter Meierhoffe
1302 Faraon St. St. Joseph, Mo.

20. FILED 8-19 1937 W. G. Nestlebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 15, 1937 1937

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1937, to August 15, 1937.
I last saw her alive on August 15, 1937. Death is said to have occurred on the date stated above, at 10:30 PM

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

Acute Indigestion

Complicated with obstructed bowel Date of onset 8/15/37

Other contributory causes of importance: None.

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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. P. J. ... M. D.
(Address) Logan Bldg. St. Joseph, Mo.

118c

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

30168
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 895
 (c) City St. Joseph Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma E. Anderson

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid
 (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 7 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19.

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 11-8 1937 A. T. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at... m.

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

acute indigestion complicated with obstructed bowel
 Date of onset 117

Other contributory causes of importance:

November 8, 1927
Food Poisoning complicated with strangulated Hernia. P.N.M.D.

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? _____

If so, specify _____

(Signed) Dr. E. D. Holme M. D.

(Address) Logan Bldg Sp 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-30168