

OCT 19 1937

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

Do not use this space.

33945

1. PLACE OF DEATH

County *Christian*
Township *Spout*
City *Oldfield*

Registration District No. *185-*
Primary Registration District No. *5258*

File No.
Registered No.
St. Ward)

2. FULL NAME

Mary Jane 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 4, 1937*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Hiram P. Anderson*

22. I HEREBY CERTIFY, That I attended deceased from *July 2, 1937, to Sept 4, 1937*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 20 - 1853*

I last saw him alive on *July 30, 1937*. Death is said to have occurred on the date stated above, at *11:30 a.m.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *83 10 14*

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

Chronic myocarditis Date of onset *7.3.37*

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

Other contributory causes of importance: *None*

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

MOTHER FATHER 13. NAME *William Bloomer*

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

15. MAIDEN NAME *Lewis*

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

17. INFORMANT *Hiram P. Anderson* (ADDRESS) *Oldfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Roller Cemetery* DATE *Sept 8, 1937*

19. UNDERTAKER *B. C. Klepp* (ADDRESS) *Osark, Mo.*

20. FILED *10-8* 19 *37* *Josephine Merritt* Registrar.

Name of operation Date of
What test confirmed diagnosis? 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? If so, specify (Signed) *B. C. Klepp*, M. D. (Address) *Osark, Mo.*

Every item of information should be accurately supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE SHOULD BE PLACED IN THIS SPACE. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

