

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.

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin
Township Cottonwood
City Maaden (No.)

Registration District No. 288
Primary Registration District No. 4173

File No. 41193
Registered No. 55

2. FULL NAME

Lous Anderson

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 A. L. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. min.
61 10 3 21

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

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) Huntsville Ala.

13. NAME Edmond J. Galdsmith

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

15. MAIDEN NAME Dolphie A. Highman

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

17. INFORMANT Mrs. Helma Pittman (ADDRESS) Maaden, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Maaden DATE 11/25 1937

19. UNDERTAKER W. S. Aug. (ADDRESS) Maaden

20. FILED 11/24 1937 S. Mitchell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22 1937

22. I HEREBY CERTIFY That I attended deceased from Nov. 17 1937, to Nov. 22 1937

I last saw him alive on Nov. 21 1937 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:
Acute Rheumatic fever Date of onset 11-15

Other contributory causes of importance:
Sores and Bruises 11-15

Name of operation None Date of

What test confirmed diagnosis? Reg. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury.

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 Fall in Corn Crib

Nature of injury Bruises

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Diagnos. Cocktown

(Signed) S. Mitchell or D.O.

(Address) Maaden, Missouri

