

JAN 24 1938

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

Do not use this space.

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~~46377~~

1. PLACE OF DEATH

County Pike
Township Prairieville
City (No.)

Registration District No. 687
Primary Registration District No. 5910

File No.
Registered No. St. Ward

2. FULL NAME

Mrs. Leora 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23rd - 1869

7. AGE YEARS 68 MONTHS 8 DAYS 9 If LESS than 1 day, hrs. or min.

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.

13. NAME James Worledge

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

15. MAIDEN NAME Sarah E. Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo

17. INFORMANT Reuben Anderson (ADDRESS) Colia - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dover Cemetery DATE Jan. 3rd 1938

19. UNDERTAKER Gooch Hardware Co (ADDRESS) Colia - Mo.

20. FILED Jan 3rd 1938 B. M. Gooch Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2 1937

22. I HEREBY CERTIFY That I attended deceased from Aug. 15 1937 to Jan. 2 1937

I last saw her alive on Jan. 2 1937 Death is said

to have occurred on the day stated above, at 1:00 p. m.

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

Chronic Interstitial Nephritis Date of onset

Other contributory causes of importance:

Hypertension with cerebral hemorrhage

Name of operation None Date of

What test confirmed diagnosis Exst. 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) Donald G. Nazzari, M. D.

(Address) Colia, Missouri.

