

REC'D MAY 23 1938

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

Do not use this space.

15474

1. PLACE OF DEATH

County FemiscotRegistration District No. 651Township CaruthersvillePrimary Registration District No. 4388City Caruthersville

(No.)

St.

Ward)

2. FULL NAME Clara Anderson536

(a) Residence, No.

Carlton Ave.

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 20 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

Colord5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)single5A. IF MARRIED-WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFSingle

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

About 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.about 58

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.house work9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Home10. Date deceased last worked at
this occupation (month and
year) March 31 193811. Total time (years)
spent in this
occupation. Life12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)greenville miss.

FATHER

13. NAME

Albert Grayson14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Barbo miss.

MOTHER

15. MAIDEN NAME

Hannah16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Don't know17. INFORMANT
(ADDRESS)Judy Washington
Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Marion CemeteryDATE 4-30

1938

19. UNDERTAKER
(ADDRESS)W. M. Hardinck
Caruthersville, Mo.

20. FILED

May 9 1938 Ada Martin

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1938

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19.

I last saw him alive on , 19. Death is said

to have occurred on the date stated above, at 11:05 P.m.

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

I don't know

Date of onset

Other contributory causes of importance:

It seems a change of life
was working on this woman
according to the family

Name of operation

no

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? no

If so, specify

(Signed) Jack Kelley Coroner(Address) May 9 1938

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.

