

SEP 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Dekalb.
Township Garden.
City Maysville.

Registration District No. 259

Primary Registration District No. 4158

File No. 28055

Registered No. _____

2. FULL NAME

Martha Margaret Anderson.

(a) Residence, No. _____

Home of E. E. Kephart. St.

(Usual place of abode)

Maryville, Mo.

(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

3. SEX

Female.

4. COLOR OR RACE

White.

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Single.

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

Single.

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

May 4, 1857.

7. AGE

YEARS

81

MONTHS

3

DAYS

13

IF LESS than 1
day, hrs.
or min.

OCCUPATION

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

Housekeeper.

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) June 1938.

11. Total time (years)
spent in this
occupation. 60

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

Clinton Co., Mo.

MOTHER
FATHER

13. NAME

Elcannah Anderson.

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

Tenn.

15. MAIDEN NAME

Nancy Gilmore.

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

Nebr.

17. INFORMANT
(ADDRESS)

Mrs. E. E. Kephart,
Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE

Amity Cem.

DATE August 18 38

19. UNDERTAKER
(ADDRESS)

U. G. Pilcher,
Maysville, Mo.

20. FILED

8-27

38

Edith H. Bower

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 2 1938, to August 17 1938

I first saw him alive on August 17 1938 Death is said

to have occurred on the date stated above, at 12:30 A.M.

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

Myocardial Failure
Uremia
Cardio-Renal disease
Generalized arteriosclerosis
Paralysis agitans
Senility

Date of onset

8-16-38

8-15-38

undet.

" "

" "

undet.

Other contributory causes of importance:

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) John M. Cooper, M. D.

(Address) Maryville, Mo.

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