

1938 SEP 27 1938

1. PLACE OF DEATH

County Pemiscot

Township

Inn. Town or City Steele Mo

Length of residence in city or town where death occurred..... yrs., mos., days. How long in U. S. if of foreign birth..... yrs., mos., days.

2. FULL NAME Mary Elizabeth Anderson

(a) Residence: No. Steele Mo St., Ward

MISSOURI STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Do Not Use This Space
29654

Registration District No. 655

Primary Registration District No. 4892

(No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of John D Anderson

DATE OF BIRTH Nov 16th 1854
(Month) (Day) (Year)

AGE Years Months Days If LESS than 1 day
83 7 4 hrs. or min.

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

BIRTHPLACE (city or town) (State or country) Ga

13. NAME OF FATHER Thomas Vaughn

14. BIRTHPLACE OF FATHER (city or town) (State or country) Va.

15. MAIDEN NAME OF MOTHER Sally Bruice

16. BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Sally Anderson

INFORMANT (Address) Steele Mo

BURIAL, CREMATION, OR REMOVAL

Place, Date

UNDERTAKER Holt Funeral Home
(Address) Blytheville Ark

Filed 9/11/38 Registrar Lg Anderson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 20th 1938
(Month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from 19th 1936 20th 1938

I last saw her alive on 20th 1938; death is said to have occurred on the date stated above at 445 p m.
The principal cause of death, and related causes of importance, were as follows:

Memic Poison Date of onset

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, 1938

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) J. R. Daniel 21/1938 M. D.
Address Steele Mo

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ARKANSAS STANDARD CERTIFICATE OF DEATH

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever, write *none*.

To be complete, an occupation return must state:

8. The trade, profession, or particular kind of work done.
9. The industry or business in which the work was done.
10. The month and year the deceased last worked at the occupation.
11. The number of years the deceased followed the occupation.

In stating the occupation avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of Cause of Death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	Date of Onset	EXAMPLE II	Date of Onset
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
<i>Arteriosclerosis</i>	1915	<i>Attack of epilepsy</i>	1 week ago
<i>Chronic interstitial nephritis</i>	1921	<i>Run over by street car</i>	1 week ago
<i>Cerebral hemorrhage</i>	July 5, 1927	<i>Peritonitis</i>	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
<i>Gallstones</i>	May 1, 1923	<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

29654
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 65-2
(b) Township..... Primary Registration District No. 4392 Registered No.....
(c) City Steele (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

PRINT FULL NAME Mary Elizabeth Anderson
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 7 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
9. Industry or business in which work was done, as 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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion DATE 6/21 1938

18. FUNERAL DIRECTOR (ADDRESS) _____

19. FILED 9/11 1938 S. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 20 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.
I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Date of onset

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) J. R. McDaniel, M. D.
(Address) _____

BY LAW. CERTIFICATE UNTIL THEY

SUPPLEMENTARY

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

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1. PLACE OF DEATH

(a) County Jemiset Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary E. Anderson
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
 (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 7 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

FUNERAL DIRECTOR (ADDRESS)

20. FILED 19...

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from

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

to have occurred on the date stated above, at, m.

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

Wernicke's Poison
due to Chronic
nephritis

Date of onset

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) J. P. McDaniel, M. D.

(Address) St. Louis, Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT F...VE A FEE...R CERTIFICATE UNTIL TH...A...FORM...BY LAW.