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.

REC'D JAN - 5 1939

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

Do not use this space.

1. PLACE OF DEATH

111 County Wayne — Registration District No. 891 — File No. 44809

Township Benton — Primary Registration District No. 6191 — Registered No. 11

City Piedmont (No. ..... St. ..... Ward)

531

2. FULL NAME Margaret Elizabeth Anderson

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James C Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 19 1872

7. AGE: YEARS 65 — MONTHS 0 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
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): Leeper Mo. 0

FATHER

13. NAME: Edward Church
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn 1

MOTHER

15. MAIDEN NAME: Delia Kellogh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn 1

17. INFORMANT (ADDRESS): Della Woods Piedmont Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Leeper DATE: July 4 1937

19. UNDERTAKER (ADDRESS): Mrs. Gish Piedmont Mo

20. FILED 12-24 1938 C. Hills Wrk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 3 — 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1937 to July 3 — 1937

I last saw her alive on July 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Arteriosclerosis

Date of onset

97

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) C. H. Jones, M. D.
(Address) Piedmont, Mo.