

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.

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

2080
Do not use this space.

REC'D FEB 21 1939

1. PLACE OF DEATH
 (a) County Cooper Registration District No. 218
 (b) Township _____ Primary Registration District No. 3618 Registered No. 3
 (c) City Boonville (d) Street No. St Joseph Hospital 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 Donna Marie 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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-9-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 7 28

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) Marshall Mo

13. NAME R. J. Anderson

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

15. MAIDEN NAME Amy Grace Kirby

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

17. INFORMANT (ADDRESS) R. J. Anderson Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Jan 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodman & Hall Boonville Mo

20. FILED Jan 12, 1939 D. Cooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7- 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1938, to January 7, 1939
 I last saw her alive on January 6, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Glomerular Nephritis Date of onset _____
10/5
 Other contributory causes of importance:
Lobar Pneumonia
Bilateral Otitis Media
 Name of operation none Date of _____
 What test confirmed diagnosis? clin. 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) W.H. Giegler, M. D.
 (Address) Boonville Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/6/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

G. F. Rolles

Licensed Embalmer No. *3067*

P. O. Address *Boonville, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.