

1930 APR 25 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11930

Do not use this space.

1. PLACE OF DEATH

(a) County Pike
(b) Township Buffalo
(c) City Rolla
(e) Length of residence in city or town where death occurred 536 yrs. mos. ds.

Registration District No. 689
Primary Registration District No. 33917
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. PIKE CO MISSOURI 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 - 1875

7. AGE YEARS 63 MONTHS 4 DAYS 19 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as saw mill, bank, etc. Painting
10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

13. NAME James E. Scroggin 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PIKE CO MISSOURI

15. MAIDEN NAME Mary King 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MINNESOTA

17. INFORMANT (ADDRESS) Honest Anderson

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 3/11/1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Anderson

20. FILED 2/10/39 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19, 1939

22. I HEREBY CERTIFY that I attended deceased from Feb 1 to Mar 9
I last saw him alive on Mar 9 Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

Influenza

Other contributory causes of importance: 11 lb

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1939
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None (Signed) D. M. Pearson M. D.

(Address) Rolla, Mo

RECEIVED

District Health Officer No. 10

District File Number 10-39-668

Date Filed APR 17 1939

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, _____

Harold Garner, or by _____

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

Signed

Harold Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana

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.