

REC'D JUN 14 1939

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

18067
Do not use this space.

1. PLACE OF DEATH

(a) County Buckhannon Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 510
 (c) City St Joseph (d) Street No. Mo. State 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 79 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 536 Mrs. Mary Lee Anderson St. Plattsburg Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24, 1860

7. AGE YEARS 78 MONTHS 8 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
 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) Int. all 1938 11. Total time (years) spent in this occupation 40

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

FATHER 13. NAME Elijah Watkins

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

MOTHER 15. MAIDEN NAME Eliza Elliott

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

17. INFORMANT (ADDRESS) Mrs. Emma Johnson Plattsburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburg DATE 5/17 1939

19. FUNERAL DIRECTOR (ADDRESS) W. W. Wynn Plattsburg Mo

20. FILED May 15 1939 St. Joseph Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/15 1939 to 5/15 1939
 I last saw him alive on 5/14 1939. Death is said to have occurred on the date stated above, at 7 a m.
 The principal cause of death and related causes of importance were as follows:

7 inches of left Hip.
186 W
 Date of onset
 Other contributory causes of importance:
arteria & cerebral Hyper-static (Broncho Pneumonia)

Name of operation X-ray Date of no
 What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence); fill in also the following:
 Accident, suicide, or homicide? gunshot Date of injury 5/15 1939
 Where did injury occur? Plattsburg Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury slipped & fell
 Nature of injury fract. hip left

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) W. W. Wynn M. D.
 (Address) 301 N. 4th Plattsburg Mo

WRITE CLEARLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RM 228 Bonded (P.E.)
8247927

STATEMENT BY LICENSED EMBALMER

I, James L. Martin, Licensed Embalmer No. 860
hereby certify that the body recorded on the reverse side of this certificate was embalmed by James L. Martin
L. E.
No. _____ or by _____, Registered Apprentice No. 860
working under my personal supervision.
Signed James L. Martin
Licensed Embalmer No. 860

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.)