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

REC'D JUN 22 1939

19336
Do not use this space.

1. PLACE OF DEATH
(a) County NEWTON
(b) Township
(c) or City NEOSHO
Registration District No. 609
Primary Registration District No. 4363
Registered No. 53
(d) Street No. SALE-BOWMAN 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 536 ELIZABETH ANDERSON
(a) Residence, No. NEOSHO, MISSOURI St.
(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: 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): JULY 20. 1881
7. AGE: YEARS 59 MONTHS 8 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. TEACHER
9. Industry or business in which work was done, as saw mill, bank, etc. MUSIC
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): ILLINOIS

FATHER
13. NAME: J.G. ANDERSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS

MOTHER
15. MAIDEN NAME: JOSIE ROBINSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS

17. INFORMANT (ADDRESS): W. G. Anderson NEOSHO, MISSOURI
18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. CEMETERY DATE 4/18/39 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Ashley Bigham NEOSHO, MISSOURI
20. FILED 5-11 1939 Onal A. Sale, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1939
22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1939, to 4-16, 1939
I last saw her alive on 4-16, 1939. Death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:
Arterio-Sclerosis
Chronic Interstitial
Nephritis

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) Melvin C. Bowman, M. D.
542 (Address) Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

73
3
1

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 Donald Reed, Registered Apprentice No. 202 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2689

P. O. Address Neosho Mo

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

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