

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.

NOV 24 1939

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

Do not use this space.

36326

1. PLACE OF DEATH

County Jasper Registration District No. 408  
Township \_\_\_\_\_ Primary Registration District No. 3020  
City Carthage (No. M<sup>c</sup>Caec. - Brook's Hospital)

File No. \_\_\_\_\_  
Registered No. 189  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Rosa J. Anderson  
(a) Residence, No. Lockwood Mo. R 3 St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-5-1871		
7. AGE	YEARS 68	MONTHS 7
	DAYS 1	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife	
	10. Date deceased last worked at this occupation (month and year)	
FATHER	11. Total time (years) spent in this occupation	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.	
	13. NAME William Slakel	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
	15. MAIDEN NAME Cenia Spear	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.	
17. INFORMANT (ADDRESS) Tom Baker Lockwood Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Pennsboro, Mo. DATE 10-10-39		
19. UNDERTAKER (ADDRESS) Morris & Leiman Funeral Miller Mo. Home		
20. FILED Oct 9, 1939 E. J. McEntire, M.D. Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
I last saw her alive on Oct 6 - 1939 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:  
Fractured skull  
5 fractured ribs - crushed  
chest Automobile accident  
Date of onset

Other contributory causes of importance:  
Two Cars collide on highway - Interstate 66 Rd 95

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 10/6/39  
Where did injury occur? Lawrence Co. Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Highway  
Manner of injury Automobile accident  
Nature of injury Fract. skull & crushed chest

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) H. P. Winchester, M.D.  
865 (Address) Jasper, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 1139-2337

Date Filed NOV 13 1939