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

Do not use this space.

32996

1. PLACE OF DEATH
County St. Francois — Registration District No. 33
Township Randolph — Primary Registration District No. 6024 B
City Leadwood (No. ..... , ... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Mary Elisebeth Anderson
(a) Residence, No. Leadwood, Mo 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

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 Rue Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18-1857

7. AGE — YEARS 83 — MONTHS 8 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, 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) Mo.

FATHER
13. NAME Banister
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Gipson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) J. W. Hartzell Leadwood, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leadwood DATE 9/18 1940

19. UNDERTAKER (ADDRESS) J. Boyer & Son Leadwood, Mo

20. FILED 10/10 1940 W E Aubrey Chorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 - 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1940, to Sept 16, 1940
I last saw her alive on Aug 4, 1940. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic	
Cardiovascular	
disease	?

Other contributory causes of importance: 95 B

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) John W. Hunt, M. D.
701 (Address) Leadwood Mo