

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

Do not use this space.

35566 ✓

File No. _____
Registered No. 342
St. _____ Ward)

1. PLACE OF DEATH

48 County Jackson Registration District No. 398
5 Township Bece Primary Registration District No. 3919
8 City Independence (No. Indep. Sanitation)

2. FULL NAME

Emma Anderson
(a) Residence, No. 1806 Euclid St., Ward. _____
(Usual place of abode)

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. (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 - 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 9 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Clinton Missouri

FATHER 13. NAME Levi Means

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Missouri

MOTHER 15. MAIDEN NAME Maggie Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Missouri

17. INFORMANT (ADDRESS) Thomas Anderson 1806 Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton MO DATE Nov-6-1932

19. UNDERTAKER (ADDRESS) Garrett Funeral Home Independence MO

20. FILED Nov 6 1932 JH Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/1, 1931, to 11/3, 1932.
I last saw him alive on 11/3, 1932. Death is said to have occurred on the date stated above, at 10:10 P m.

The principal cause of death and related causes of importance were as follows:
Pneumonia (R. Pure Lobar) Date of onset

108
9:30 108
177 B 1
Other contributory causes of importance:
Wall Bladdy disease
Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? Cluneel 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? _____
If so, specify _____
(Signed) Stewart Wilson M. D.
(Address) 10307 Indep Ave. K.C. MO.

WRITE PLAINLY, 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.

JAN 8 1933

