

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.

35867

1. PLACE OF DEATH  
 County Henry Registration District No. 14 349 File No. \_\_\_\_\_  
 Township Windsor Primary Registration District No. 4211 Registered No. 32  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Cora Janes Anderson  
 (a) Residence, No. \_\_\_\_\_ 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 Thomas Edward Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>44</u>	<u>2</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home maker

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) Polk city Iowa

FATHER

13. NAME Chas Henry Janes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Mass.

MOTHER

15. MAIDEN NAME Mary Ann White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Edward Anderson  
 (ADDRESS) Windsor Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Windsor, Mo. DATE Nov. 12 19 35

19. UNDERTAKER Huston-Turner  
 (ADDRESS) Windsor Missouri

20. FILED Nov 12 19 35 J. A. Blackmore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935, to Nov 9, 1935  
 I last saw him alive on Nov. 5, 1935. Death is said to have occurred on the date stated above, at 2:15 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Abscess Date of onset 8-24-35

Other contributory causes of importance:  
Cancer of brain (operated)

Name of operation Removal of brain Date of 5-10-35  
 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) J. A. Blackmore, M. D.  
 (Address) Windsor, Mo.

