

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

Do not use this space.

26078

1. PLACE OF DEATH

County Ray
Township
City Lawson (No. _____)

Registration District No. 742
Primary Registration District No. 5977
444

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>HUSBAND OF</u> <u>Mrs Anderson</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 21, 1868</u>		
7. AGE	YEARS	MONTHS
	<u>65</u>	<u>6</u>
		<u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife.</u>		
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) <u>Caldwell Co. Mo</u>		
13. NAME <u>Andrew J. Jones</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
15. MAIDEN NAME <u>Ann J. Merdow</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
17. INFORMANT <u>Mrs Laura Jones</u> (ADDRESS) <u>Court St. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lawson</u> DATE <u>7-30 1934</u>		
19. UNDERTAKER <u>Ed Edwin Shover</u> (ADDRESS) <u>Lawson Mo.</u>		
20. FILED <u>July 29, 1934</u> <u>Edwin Shover</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1934

22. HEREBY CERTIFY, That I attended deceased from Jan, 1932, to July 28, 1934
I last saw her alive on even of July 27, 1934. Death is said to have occurred on the date stated above, at 12 noon
The principal cause of death and related causes of importance were as follows:
Cardiac failure with
irregular fibrillation
and chronic myocarditis
Date of onset _____
Other contributory causes of importance: 930
Name of operation _____ Date of _____
What test confirmed diagnosis? Blood 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) Edwin Shover, M. D.
(Address) Lawson 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.

AUG 1 6 1934

OCCUPATION
MOTHER
FATHER

