

MAR 26 1935

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

Do not use this space.

5178

1. PLACE OF DEATH

County Haines Registration District No. 384
Township Spring Creek Primary Registration District No. 5537
City West Plains, Mo.

File No.

Registered No.

St. Ward)

2. FULL NAME

Nona Aune 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 <u>FW</u> | 4. COLOR OR RACE <u>whit</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Guy W. Anderson</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26-1916</u> | | |
| 7. AGE YEARS <u>18</u> | MONTHS <u>8</u> | DAYS <u>7</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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>Haines Co.,</u> | | |
| 13. NAME <u>Mrs. Wade</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | | |
| 15. MAIDEN NAME <u>Emma J. Cride</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Plains, Mo.</u> | | |
| 17. INFORMANT (ADDRESS) <u>Guy Wm Anderson</u> <u>West Plains, Mo.</u> | | |
| 18. BURIAL CREMATION OR REMOVAL PLACE <u>Unknown</u> DATE <u>7-5-1935</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Robertson Mortuary</u> <u>West Plains, Mo.</u> | | |
| 20. FILED <u>2-5-</u> 19 <u>35</u> <u>Vickie W. SIMONS</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 29- 1935, to Feb. 3 1935.
I last saw her alive on Feb 3 1935. Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:
Autopurpura hemorrhagica Date of onset

Other contributory causes of importance:
MI

Name of operation Phosphor potassium Date of am. brought by
What test confirmed diagnosis? Symptoms 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 MI

(Signed) W. P. Sparks, M. D.
(Address) West Plains, 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.

