

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph,(No. 1115, So. 26th. St.)File No. 26664Registered No. 750

St. _____ Ward _____

2. FULL NAME

Altha Anderson(a) Residence, No. 1155, So. 26th. St. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James P. Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr, 22, 1862</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>2</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</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>Andrew Co. Mo.</u>		
FATHER	13. NAME <u>Robt. Ferguson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Delaware Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Mary Rose</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knihiston Indiana</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Edith Guinn 1115 So. 26th. St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Auburn</u> DATE <u>July 3 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Walter MacEachron 1302 Faron St. St. Joseph, Mo.</u>		
20. FILED <u>July 3 1937</u> <u>W. J. Nestlehouse</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to July 2, 1937
I last saw him/her alive on July 1, 1937. Death is said to have occurred on the date stated above, at 12.05 A.M.
The principal cause of death and related causes of importance were as follows:
Multiple Sclerosis Date of onset 1936
arterio
arterio Sclerosis (1937)
general

Other contributory causes of importance:
arterio Sclerosis (1937)
general

Name of operation _____ Date of _____
What test confirmed diagnosis Phys. Ex. 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) W. J. Thompson, M. D.
(Address) 825 Charles St. St. Joseph, Mo.

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.

