

NOV 15 1937

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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, Mo (No. State Hosp #2)File No. 37200Registered No. 1176

St. _____ Ward _____

2. FULL NAME Hattie Bell Anderson(a) Residence, No. Tarkio Mo 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. 4 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

George Anderson

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

Est 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

Est 74

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

Housewife

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)

Illinois

13. NAME

Wm. Long

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

Maryland

15. MAIDEN NAME

Mary Wilson

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

Kentucky

17. INFORMANT (ADDRESS)

State Hosp #2 St Joseph

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Tarkio, Mo

DATE

Oct 27 37

19. UNDERTAKER (ADDRESS)

J. B. Chapman Tarkio, Mo

20. FILED

10/26 1937J. B. Stubbins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24 193722. I HEREBY CERTIFY, That I attended deceased from June 25 1937, to October 24 1937
I last saw her alive on Oct. 24 1937. Death is saidto have occurred on the date stated above, at 3:55 p.m.

The principal cause of death and related causes of importance were as follows:

General Arteriosclerosis

Date of onset

Other contributory causes of importance:

SenilityName of operation None Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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) P. E. DeLong(Address) State Hospital #2

M. D.

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.

