

REC'D SEP 20 1938

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

28564  
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135  
(b) Township Carrollton Primary Registration District No. 3010 Registered No. 87  
(c) City Carrollton (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MADORA BELLE ANDERSON 536

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.H. Anderson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5, 1873  
7. AGE YEARS 65 MONTHS 0 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Co Mo

FATHER 13. NAME James W. Graham

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

MOTHER 15. MAIDEN NAME Frances Phillips

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

17. INFORMANT (ADDRESS) W.H. Anderson Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hotel Cem DATE Aug 8, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Standley's Carrollton Mo

20. FILED 8-8 1938 Yuth Hasking Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1938  
22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1938, to 8-6, 1938  
I last saw him alive on 8-6, 1938 Death is said to have occurred on the date stated above, at 5:40 a.m.  
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis - Date of onset 8-5-38  
121

Other contributory causes of importance:  
Acute myocarditis 8-1-38  
Chronic Cholelithiasis  
Chronic Gallstones

Name of operation myocardectomy + cholecystectomy Date of 8-5-38  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) J.P. Deonen, M. D.  
(Address) Carrollton 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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9/7/88

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Ben W Gibson*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed *Ben W Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**