

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

Do not use this space.

569

1. PLACE OF DEATH
 County Cole Registration District No. 213
 Township Jefferson Primary Registration District No. 3014
 City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME Elyda Mae Anderson
 (a) Residence No. 506 main St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 2
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 2 - 1903
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 3 0
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Steno
 (b) General nature of industry, business, or establishment in which employed (or employer) Gov. State office
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1930
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 19____ a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental fracture of skull
17510

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centertown Mo
 10. NAME OF FATHER W. Anderson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
 12. MAIDEN NAME OF MOTHER Orphan Gregory
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. _____
 18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds. _____
 IF NOT AT PLACE OF DEATH _____
 8 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) E. J. Mansur M. D.
 (Address) Jefferson City, Mo
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) W. Anderson
 15. FILED 1/7 30 Irbeaford REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL (STATE OR COUNTRY) Centertown Mo DATE OF BURIAL 11 of 1930
 20. UNDERTAKER (ADDRESS) Lawson Tamm Mo

CAUSE OF DEATH

REGISTRATION DISTRICT NO. 213

PHYSICIAN'S
OCCUPATION is

5-2

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

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1. PLACE OF DEATH

County Cole
Township _____
City Jefferson (No. _____)

Registration District No. 213
Primary Registration District No. 3014

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Elyda Mae Anderson

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

Supplemental

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____

14. INFORMANT (Address) _____

15. FILED 1-13, 1930 M. D. Beaufort REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1930

17. I HEREBY CERTIFY, That I attended deceased from 11:45 p.m. Jan 1, 1930, to Jan 2, 1930 that I last saw him alive on Jan 2, 1930 and that death occurred, on the date stated above, at _____ a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fractures of skull

(duration) 2 hours yrs. mos. ds.
CONTRIBUTORY (SECONDARY) None yrs. mos. ds.
from history of
fractures of skull

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? Coroner's Report
WHAT TEST CONFIRMED DIAGNOSIS? Cerebral Hem.
(Signed) R. P. Linn, M. D.
19 (Address) Jefferson City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____ 19 _____

20. UNDERTAKER _____ ADDRESS _____

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.

5-569

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cole Registration District No. 213 File No. 569
 Township Primary Registration District No. Registered No.
 City Jefferson City (No. St. Ward)

2. FULL NAME

Elyda Mae 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14.

INFORMANT (Address)

15.

FILED 1/2 30 S. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 19 30

17. I HEREBY CERTIFY That I attended deceased from in 19..... that I last saw h. alive on 19..... and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured skull, fall from monkey stairs

CONTRIBUTORY (duration) yrs. mos. ds. Jury in Cooper Co. found
 (Secondary) for secret grief of manslaughter

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds. of Elyda Mae Anderson the
 IF NOT AT PLACE OF DEATH, meridian was not affected from

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? 199

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. W. Keith M.D. Jefferson City, Mo.
 , 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

N.B.—Every item of information should be carefully supplied. Every item of information should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-569