

AUG 14 1935

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

Do not use this space.

22498

1. PLACE OF DEATH
26 County Cole Registration District No. 112 213
Township Centertown Primary Registration District No. 5293
City Centertown (No. _____) St. _____ Ward _____

2. FULL NAME Ora Ann 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 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 Millard G. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
67 4 40

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) Cole Co Mo

13. NAME Edwin Gregory

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

15. MAIDEN NAME No information

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

17. INFORMANT Mrs Elizabeth Smith
(ADDRESS) Centertown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Centertown Mo DATE July 20 1935

19. UNDERTAKER Dawson-Peaces
(ADDRESS) Centertown Mo

20. FILED 7/20/1935 M. D. Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to July 17, 1935
I last saw him alive on July 10, 1935. Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:
Periculous anemia
Date of onset _____

Other contributory causes of importance:
None

Name of operation _____ Date of _____
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) Dr. J. B. ..., M. D.
(Address) Jeff City 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.

