

Preparer: Trudie Anderson Cooper
 Relation: Daughter
 DATE PREPARED: 9-13-1989
 OCCUPATION:

HUSBAND: Major Clifford Anderson Sr.
 BORN: 8-28-1904 PLACE: Catawba Township, York County S.C.
 MARRIED: 11-29-1921 PLACE: Union County Court House Union S.C.
 DIED: 4-5-1977 PLACE: Wallace thompson Hospital Union S.C.
 BURRIED: Rosemont Cemetery Union S.C.
 FATHER: Edgar W. Anderson MOTHER: Carrie Addie Ola Williford
 OTHER WIVES:

RELIGION: Baptist

WIFE: Maggie Susie Jane Austin Sinclair OCCUPATION: Retired Textile
 BORN: 3-12-1907 PLACE: Santuck, Union Co.
 DIED: 8-28-1980 PLACE: Wallace Thompson Hospital Union S.C.
 BURRIED: PLACE: Rosemont Cemetery Union S.C.
 FATHER: Jeff Sinclair MOTHER: Mary Weir (Austin)
 OTHER HUSBANDS:

RELIGION: Baptist

CHILDREN	SEX	YEAR BORN YEAR DIED	MARRIAGE DATE & PLACE TO WHOM
1 Major Clifford Jr.	M	9-22-1925	Mary Ruth Robinson 5- -1944
2 Paulette Hope	F	1-7-1945	Carl Wesley Smith Bobby Benny Jernigan
3 Pearl Gertrude	F	11-1-1947	Lester Eugene Cooper 1-3-1968
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ADDITIONAL INFORMATION BELOW: Mama took her Daddy, name later in life
 the others kept their mothers name.

DEPARTMENT OF HEALTH AND MENTAL CONTROL
CERTIFICATE OF DEATH

STATE BIRTH NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT-NAME FIRST 1. Maggie		MIDDLE ANDERSON		LAST ANDERSON		SEX 2. Female	DATE OF DEATH (Mo., Day, Yr.) 3. Aug. 28, 1980
RACE (Specify) 4. White		AGE-Last Birthday (Yrs.) 5a. 73	UNDER 1 YEAR 5b. 30	UNDER 1 DAY 5c. 50	DATE OF BIRTH (Mo., Day, Yr.) Mar. 12, 1907		COUNTY OF DEATH 7a. Union
CITY, TOWN OR LOCATION OF DEATH 7b. Union				HOSPITAL OR OTHER INSTITUTION-Name (If not in either, give street and number) 7c. Wallace Thomson Hospital			IF HOSP. OR INST. Inmate (Specify Yes or No) 7d. OP/Emer.
STATE OF BIRTH (If not in U.S.A., name country) 8. S. C.		CITIZEN OF WHAT COUNTRY 9. U. S. A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. widowed		SURVIVING SPOUSE (If wife, give maiden name) 11.	
SOCIAL SECURITY NUMBER 13. 248 01 0182				USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. textiles		KIND OF BUSINESS OR INDUSTRY 14b. manufacturing cloth	
RESIDENCE-STATE 15a. S. C.		COUNTY 15b. Union		CITY, TOWN OR LOCATION 15c. Union		STREET AND NUMBER 15d. 100 Moore St.	
INSIDE CITY LIMIT (Specify Yes or No) 15e. yes		FATHER-NAME FIRST 16. Jeff		MIDDLE Sinclair		LAST WARE	
MOTHER-MAIDEN NAME FIRST 7. Mary		MIDDLE WARE		LAST WARE			
INFORMANT-NAME (Type or Print) 18a. Mrs. Paulette Smith				MAILING ADDRESS 18b. 100 Moore St., Union, S. C. 29379			
BURIAL, CREMATION, REMOVAL, Other (Specify) 19a. Burial		CEMETERY OR CREMATORY-NAME 19b. Rosemont Cemetery				LOCATION 19c. Union S. C.	
FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (Specify) 20a. Berry E. Holcombe		LIC. NO. 20b. 690		EMBALMER'S SIGNATURE 20c. <i>Berry E. Holcombe</i>		LIC. NO. 20d. 91	
NAME OF FACILITY 20e. S.R. Holcombe Funeral Home		LIC. NO. 20f. 356		ADDRESS OF FACILITY 20g. 310 W. South St., Union SC 29379			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Gerald D. Fielder</i>				22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Gerald D. Fielder</i>			
DATE SIGNED (Mo., Day, Yr.) 21b. 9/3/80		HOUR OF DEATH 21c. 8:15 AM		DATE SIGNED (Mo., Day, Yr.) 22b.		HOUR OF DEATH 22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Gerald D. Fielder				PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23a. UNION, S. C., 125 East Main St.				LIC. NO. 23b. 13537			
REGISTRAR 24a. (Signature) <i>May G. Potlatch</i>				DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. Sep 8 1980			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
(a) Carcinoma of the right colon						Interval between onset and death 5 mo	
(b) with metastases to liver & lung						Interval between onset and death	
(c)						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 26. NO		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) 27. N	
ACC., SUICIDE, HOA., UNDET. OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. M		DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify) 28f.				LOCATION 28g.	
STREET OR R.F.D. NO.		CITY OR TOWN		STATE			

DECEDENT IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF EVIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

HC-670
1-1978

This is a true copy from the original record.

May G. Potlatch
 SEP 08 1980 County Registrar