

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

Do not use this space.

15125

**1. PLACE OF DEATH**

County Jackson  
Township J. Park  
City J. C. Mo. (No. 1110 Bales av.)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. F 1993 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Henry Anderson

(a) Residence. No. 1110 Bales 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**

male

**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**

Alice C. Anderson

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

July 24 - 1851

**7. AGE**

| YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-------|--------|------|----------------------------------|
| 75    | 9      | 22   |                                  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Real Estate 131  
(b) General nature of industry, business, or establishment in which employed (or employer) 111 B  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Indiana

**10. NAME OF FATHER**

Wm. H. Anderson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Pa.

**12. MAIDEN NAME OF MOTHER**

Caroline Curtis

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Pa.

**14. INFORMANT**

Wm. Earl Anderson  
(Address) 1110 Bales

**15. FILED**

May 16 1927 M. M. Crome  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 16 1927

**17. I HEREBY CERTIFY**, That I attended deceased from mor 1927, to 9 May 1927, that I last saw him alive on May 15, 1927, and that death occurred, on the date stated above, at 4:15 Am. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

mitral insufficiency  
interstitial nephritis  
900 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY Hypostatic congested  
(SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** No DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?** No

**21. WHAT TEST CONFIRMED DIAGNOSIS?** No

(Signed) E. Kelly, M. D.

5716, 1927 (Address) 402 Wabash Place  
Box 0687

\*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**

St. Moriah 5/17 1927

**20. UNDERTAKER**

**ADDRESS**

Mrs. C. L. Foster J. C. 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.

402 Wabash.

B. 0687

J