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

Do not use this space.
33962

1927

1. PLACE OF DEATH
County Lafayette. Registration District No. 461
Township Lexington Primary Registration District No. 3024
City ... (No. ... St. ... Ward)
File No. 89
Registered No. ...

2. FULL NAME Henry Anderson

(a) Residence. No. 7 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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 2. 1848

7. AGE: Years 79 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farm Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): ...
(c) Name of employer ...

9. BIRTHPLACE (CITY OR TOWN): Baltimore
(STATE OR COUNTRY): Maryland

PARENTS

10. NAME OF FATHER: Dan'l Kean

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: Mattie Richardson
(Address): Lexington Mo

15. FILED Nov 26. 1927 J. D. Cope. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 25 1927

17. I HEREBY CERTIFY, That I attended deceased from October 15th, 1927, to November 25 — 1927, that I last saw him alive on November 25 — 1927, and that death occurred, on the date stated above, at 7:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteria Sclerosis
97
(duration) 2+ yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY) Not anything
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED? ...
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? no

(Signed) J. D. Ball, M. D
Nov 26. 1927 (Address) Lexington. Mo

*State the DISEASE CAUSING DEATH, or if 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: Lexington Mo — DATE OF BURIAL: Nov 28 1927

20. UNDERTAKER: Ernest Wegert — ADDRESS: Lexington 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD