

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

Do not use this space.

35246

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... St. Louis (No. #5951 Washington Ave. St. 10425 Ward)

2. FULL NAME

John Spotwood Anderson
 (a) Residence No. #5951 Washington Ave. Ward..... (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. 5 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 Katharine Anderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec, 4th, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 | 11 | 16

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Bayton, Miss.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Glaude B. Anderson

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

12. MAIDEN NAME OF MOTHER Julia M. Gurling

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

14. INFORMANT Mrs. J. S. Anderson
 (Address) #5951 Washington Ave.

15. FILED NOV 21 1027 Max Starkloff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov, 20th, 1927

17. I HEREBY CERTIFY, That I attended deceased from May 5th, 1927, to Nov 20, 1927 that I last saw h.i.m. alive on Nov 30, 1927, and that death occurred, on the date stated above, at 2:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral insufficiency
92 hr
25/100 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) cardiac decompensation
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Charles T. Cherry M. D.
Nov 21, 1927 (Address) Metropolitan Bld

*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 Louisville, Ky. DATE OF BURIAL 11-21-1927

20. UNDERTAKER C. R. Rupton ADDRESS 4449
Street

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.

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