

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

Do not use this space.

13604

**1. PLACE OF DEATH**

County Jackson  
Township Rau  
City Kearney

Registration District No. 399  
Primary Registration District No. 1002  
(No. St Joseph's Hospital)

File No. \_\_\_\_\_  
Registered No. 1939  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Healdton Okla  
(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 J. H. Langston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 29 1874

7. AGE: YEARS 54 MONTHS 3 DAYS 2 If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Artist  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

**PARENTS**

10. NAME OF FATHER W. B. Anderson

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

12. MAIDEN NAME OF MOTHER Caroline Murphy

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

14. INFORMANT J. H. Langston  
(Address) Healdton Okla

15. FILED 4/30 29 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-30 1928

17. I HEREBY CERTIFY, That I attended deceased from 17 April 1928 to April 29 1928 that I last saw him alive on April 28 1928, and that death occurred, on the date stated above, at 12:50 a.m.

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

Carcinoma of Cervix  
ulcerated

CONTRIBUTORY Pyelitis  
(SECONDARY)

**18. WHERE WAS DISEASE CONTRACTED**

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF April 19

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Microscopic test

(Signed) E. H. Kelly, M. D.

4/30 1928 (Address) 4102 Wabasha

\*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 Healdton Okla  
DATE OF BURIAL 4/30 1928

20. UNDERTAKER W. F. Mayberry  
ADDRESS City

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.

