

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township St Lawrence
City Kansaspark City (No. 399)

Registration District No. 1002
Primary Registration District No. Old City Hospital

File No. 23847
Registered No. 2973
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1010 Harrison St., 2 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 4 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hattie Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 29, 1882</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>—</u>
	DAYS <u>76</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>General builder</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Greenville
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER John Anderson

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

12. MAIDEN NAME OF MOTHER Hattie Barber

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

14. INFORMANT Joseph Anderson
(Address) 1010 Harrison

15. FILED July 11, 1928
M. M. Kerwin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 - 1928

17. I HEREBY CERTIFY That I attended deceased from July 4, 1928 to July 6, 1928
that I last saw him alive on July 4, 1928, and (has) death occurred, on the date stated above, at 10:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Obstruction
coliculus

CONTRIBUTORY (SECONDARY) Auto-intoxication
(duration) yrs. mos. 5 da.

(duration) yrs. mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 5, 1928

20. WAS THERE AN AUTOPSY? Yes - by operation

21. WHAT TEST CONFIRMED DIAGNOSIS? Howard M. Smith, M.D.
(Signed) 7/7, 1928 (Address) K. 6. Mo

*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.

22. PLACE OF BURIAL, CREMATION, OR REMOVAL Blue Ridge Tavern
23. UNDERTAKER West Appler Lane

DATE OF BURIAL 7/11
ADDRESS 1600 S

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.

