

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

Do not use this space.

31289

1. PLACE OF DEATH

County Pitts

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia (No. 28th & Mass.)

File No. _____

Registered No. 243

St. _____ Ward) _____

2. FULL NAME

Jessie Clara Anderson

(a) Residence. No. same 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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

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

May 29 - 1861

7. AGE

67

YEARS MONTHS DAYS

5

4

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

PARENTS

10. NAME OF FATHER

Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't Know

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't Know

14.

INFORMANT (Address)

Mrs. J.C. Anderson
Sedalia

15.

FILED

9-17-25

J.G. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 3

19 28

17.

I HEREBY CERTIFY That I attended deceased from Sept 3

1928, to Sept 3, 1928

(that I last saw him alive on Sept 3, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Angina pectoris
Coronary arteriosclerosis

94H

History only 1 yr

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTAINED

IF NOT AT PLACE OF DEATH _____

Did an operation precede death? No DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST-CONFIRMED DIAGNOSIS

(Signed) Alfred E. Brown M.D.
Sept 10, 1928 (Address) 11109 Sedalia 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Sedalia

Sept 4 1928

20. UNDERTAKER

ADDRESS

Fuller

Sedalia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should edit CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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