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

Do not use this space.

36870

1. PLACE OF DEATH U.S.V.Hosp. #67
County Jackson — Registration District No. — File No. [illegible]
Township Law — Primary Registration District No. — Registered No.
City Kansas City, Mo. (No. U S Veterans Hospital St. Ward)

2. FULL NAME ANDERSON, Levi Joseph — C-1 228 552 WOE
(a) Residence. No. Osceola, Missouri. St., Ward. Pvt 1/c 3rd D B Bn.
(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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 11, 1896

7. AGE: YEARS 32 — MONTHS 1 — DAYS 26 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Osceola
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Hospital Records
(Address) U S Vet Hospital

15. FILED Nov 9 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 8 1928

17. I HEREBY CERTIFY, That I attended deceased from November 1 1928 to November 8 1928 that I last saw him alive on November 8 1928, and that death occurred, on the date stated above, at 5:50 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma-Melano-Right parotid gland with intra abdominal metastisis.

53 E

Not known (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 49 (duration) yrs. mos. ds.

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

[illegible]
W. [illegible], Medical Officer in Charge
U.S.V.Hosp. Kansas City, Mo.
FS (Address)

*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: Osceola Mo — DATE OF BURIAL: 11/9 1928

20. UNDERTAKER: The Taylor Funeral — ADDRESS: House Inc

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.