

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

Do not use this space.

37199

1. PLACE OF DEATH

County Jackson
Township Nass
City N. E. Mo.

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4850
St. _____ Ward _____

2. FULL NAME

Charles King Anderson

(a) Residence. No. 2215-E-26th St. 11 Ward. _____

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.B.

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

Single

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

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

June 16 1855

7. AGE

73 YEARS

5 MONTHS

12 DAYS

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Welder

(b) General nature of industry, business, or establishment in which employed (or employer) Buyston

(c) Name of employer maters co.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

10. NAME OF FATHER

no Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) no Record

12. MAIDEN NAME OF MOTHER

no Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) no Record

14.

INFORMANT Ely Benson
(Address) 2215-E-26th

15.

FILED 7/3, 1928 M. M. Croome
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-23-1928

17. I HEREBY CERTIFY, That I attended deceased from January 21st, 1928, to April 21st, 1928, that I last saw h. live on March 27th, 1928, and that death occurred, on the date stated above, at 8:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic parenchymatous nephritis
(duration) 1 yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Chronic Myo-carditis
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Urinary analysis
(Signed) E. M. Croome M. D.
1/30, 1928 (Address) 2544 Olive St.

*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 Forest Hill **DATE OF BURIAL** 12-4-1928

20. UNDERTAKER Mrs. C. L. Foster ADDRESS N. E. Mo.

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.

Dr. L. M. J. ...
26th St.

2544 Olive

1-pm