

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

Do not use this space.

38729

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1009

City Loaves (No. City Hospital)

File No.

Registered No. 11374

St. Ward)

2. FULL NAME

(a) Residence. No. 1111 Chestnut St. 25 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

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

7. AGE - YEARS 49 MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work ales. (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) Kentucky

10. NAME OF FATHER James Anderson

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

12. MAIDEN NAME OF MOTHER Elizabeth Shantau

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

14. INFORMANT (Address) City Hospital

15. FILED 22 1928 REGISTRAR E. Shannon

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Oct 20, 1928, to Nov 4, 1928 that I last saw him live on Nov 4, 1928, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
31 Ch. Myocarditis
31 Ch. Int. Nephritis

CONTRIBUTORY (SECONDARY) 129a

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? R. Berg (Signed) City Hospital, M. D.

*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 City Hospital DATE OF BURIAL 11-23-1928

20. UNDERTAKER E. Shannon 1424 Carol ADDRESS

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Anderson