

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

Do not use this space.

40496

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Star Primary Registration District No. 1002 Registered No. 42854
 City Kansas City (No. Kansas City Gene Hosp St. _____ Ward _____)

2. FULL NAME Darrius Anderson

(a) Residence. No. 1311 Campbell 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 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** widow (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2, 1849

7. AGE YEARS 79 MONTHS 8 DAYS 1 | If LESS than 1 day, ____ hrs. or ____ min.

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

PARENTS

10. NAME OF FATHER Do not know

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

12. MAIDEN NAME OF MOTHER Do not know

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

14. INFORMANT Reverend Clerk
 (Address) Kansas City Gene Hosp

15. FILED 12/3, 28 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-3 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-10, 1928, to 12-3, 1928 that I last saw him alive on 12-3, 1928, and that death occurred, on the date stated above, at 12:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of lung

4 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
4 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: no

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chem & Lab Find
 (Signed) P. E. Williams, M. D.
12-3, 1928 (Address) Gen Hosp KC 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 St. John's | **DATE OF BURIAL** 12-4 1928

20. UNDERTAKER J. N. Chamber | **ADDRESS** P. O. 4

WRITE PLAINLY, 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.

