

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

Do not use this space.

40707

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (No. 1002)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 3057
Ward 30

2. FULL NAME

Skway M. Anderson
(a) Residence. No. 3011 Lillian Rd. 3 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 7 3, 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 8 23

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Columbus
(STATE OR COUNTRY) Mo. Cassina

10. NAME OF FATHER Robert C. Anderson

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

12. MAIDEN NAME OF MOTHER Edna Hendrickson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Paterson
(STATE OR COUNTRY) New Jersey

14. INFORMANT (Address) Wm. J. Anderson
63 East 53 St. Ten.

15. FILED 17/3 28 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1928 to Dec 13 1928 that I last saw him alive on Dec 13 1928 and that death occurred, on the date stated above, at 11:10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1157 Broncho Pneumonia
107H
(duration) yrs. mos. ds. 1 3 0

CONTRIBUTORY Influenza
(SECONDARY) (duration) yrs. mos. ds. 1 0 0

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH? 3011 Lillian Rd

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Wm. J. Anderson, M. D.

1/3 1928 (Address) Kansas City 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 McPherson, Kans DATE OF BURIAL 12/4 1928

20. UNDERTAKER Freeman Mortuary ADDRESS Baltimore

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.

1
Dr. A. Z. Jones
602 Argyle Bldg
2 to 5.