3 21 1929

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

Do not use this space.

695

1. PLACE OF DEATH

County of Clay — Registration District No. 198 — File No.

Township Fishing River — Primary Registration District No. 3011 — Registered No. 6

City Excelsior Springs, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Henry T. Anderson, U.S.V. Hospital,

(a) Residence. Excelsior Springs, Missouri St., ... Ward 610 S. Washington St., Mason City, Iowa. (Usual place of abode) (If not resident of city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 25 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 4, 1893.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
35	35	4	16	

8. OCCUPATION OF DECEASED

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

(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) Norway

PARENTS

10. NAME OF FATHER August Anderson

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

12. MAIDEN NAME OF MOTHER Dorothy Anderson

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

14. INFORMANT deceased. (Address)

15. FILED 1-4, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20, 1929

17. I HEREBY CERTIFY, That I attended deceased from March 27, 1928, to Jan. 20, 1929, that I last saw him alive on Jan. 20, 1929, and that death occurred, on the date stated above, at 3:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage

131

132A

82A (duration) one and a half hrs.

CONTRIBUTORY (SECONDARY) Nephritis, chr. glomerular; Hypertension; Albuminuris Retinitis. (duration) unknown.

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? clinical and laboratory findings.

(Signed) [signature] H.D. Luse, Med. Off. in Chg., M. D.

Jan. 21, 1929 (Address) U.S.V. Hospital, Ex. Springs, 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 Mason City Ia — DATE OF BURIAL Jan 23 1929

20. UNDERTAKER John Prather, Excelsior Springs, Missouri — ADDRESS

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.