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.

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

Do not use this space. 1414

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No.
Township Kaw Primary Registration District No. 1002 Registered No.
City Kans (No. Mercy Hosptl St. Ward)

2. FULL NAME Eveis Anderson
(a) Residence. No. Branson Ks. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: F
4. COLOR OR RACE: W
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) Feb. 10-1928
7. AGE: Years — Months 10 — Days 21 — If LESS than 1 day, ...hrs. or ...min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Bronson
(STATE OR COUNTRY) Kan

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PARENTS
10. NAME OF FATHER Howell Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bronson Ks

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12. MAIDEN NAME OF MOTHER Edna Pritchett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Vesna (STATE OR COUNTRY) Ks

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14. INFORMANT Mrs H Anderson
(Address) Bronson Ks.
15. FILED Jan [redacted] 9 M. M. Crowe REGISTRAR
asst

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1929
17. I HEREBY CERTIFY, That I attended deceased from Dec. 22 1928, to Jan 1, 1929 that I last saw her alive on Jan 1, 1929, and that death occurred, on the date stated above, at 8:30 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acrodynia
(duration) yrs. 9 mos. ds.
CONTRIBUTORY (SECONDARY) Pneumonia, Broncho
(duration) yrs. mos. 4 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Branson Kans
Did an operation precede death? No. Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Findings
(Signed) Dr Hugh Dwyer, M. D
1/1, 1929 (Address) Med. Arts Bldg.

*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 Moran Kans
DATE OF BURIAL Jan 2 1929
20. UNDERTAKER Kettiman
ADDRESS Kans City, Mo