

UG 20 1930

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

Do not use this space.

21988

File No.
Registered No. 610
St. Ward)

1. PLACE OF DEATH

County..... Buchanan Registration District No. 85
Township..... Primary Registration District No. 1001
City..... St. Joseph (No. 1710 South 10 Street)

2. FULL NAME Ernest P. Anderson

(a) Residence. No. 1710 So. 10 Street St. 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 19 30

17. viewed on

I HEREBY CERTIFY, That I attended deceased from.....

....., 19....., to....., 19.....,

that I last saw h. im alive on....., 19....., and that

death occurred, on the date stated above, at..... 6/15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency

.....

.....

.....

..... (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 900

..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? History

(Signed) R. W. Tadlock Coroner, M. D.

July 15 30 (Address) 821 Francis

*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 Joseph Memorial Park DATE OF BURIAL July 27 19 30

UNDERTAKER H. O. Sidenfaden ADDRESS

1802 Union St.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 16, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 9 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Switchman

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer Rock-Island R.R.

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER George L. Anderson

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

12. MAIDEN NAME OF MOTHER Barbara Peters

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

14. INFORMANT..... Mrs. Teresa J. Anderson
(Address) 1710 So. 10 St. - St Joseph Mo

FILED JUL 15 1930 John G. Giff REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

