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

Do not use this space.

22991

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 300 — Registered No. 2983
City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Harry Forrester Anderson Jr.
(a) Residence. No. 5742 Kenwood St., 8 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-20-1894

7. AGE: YEARS 36 — MONTHS 3 — DAYS — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Engineer and
(b) General nature of industry, business, or establishment in which employed (or employer) Embosser
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER H. F. Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) ~~Ada May Merriwether~~
12. MAIDEN NAME OF MOTHER Ada May Merriwether
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Frances Anderson
(Address) 5742 Kenwood Ave

15. FILED 7/21 1930 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1930

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1930, to July 20, 1930, that I last saw him alive on July 20, 1930, and that death occurred, on the date stated above, at 10:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute appendicitis (strepto-coccic) 121B
129
36 (duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (SECONDARY) General peritonitis
(duration) ....yrs. ....mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 16, 1930
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) Jaquin Jackson, M. D.
July 20, 1930 (Address) 1002 Argyle 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: Mt. Mariah Cemetery — DATE OF BURIAL: 7/21 1930

20. UNDERTAKER: Stine & McClure — ADDRESS: Kansas City, Mo

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.