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

Do not use this space.

1. PLACE OF DEATH U.S.V.Hospital, 399
County Jackson Registration District No. File No. 32785
Township Raw Primary Registration District No. 1002 Registered No. 4001
City Kansas City, Mo. (No. U.S. Veterans Hospital St. Ward)

2. FULL NAME ANDERSON, Elbert Rucker C-1 205 741 SPBW
(a) Residence. No. Keytesville St., Corp. Co B Motor Sup. Trn; MHC
(Usual place of abode) Missouri. Ward 8th Div (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	36	5	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Keytesville
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Hospital Records.
(Address) U. S Veterans Hosp. KC Mo

15. FILED 10/2, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 2 1930

17. I HEREBY CERTIFY, That I attended deceased from August 12, 1930, to October 2, 1930 that I last saw him alive on October 2, 1930 and that death occurred, on the date stated above, at 12:25 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brain tumor, Glioma
SSD
(duration) 1 or more yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam.
Starnes E. Walker, M. D.
10/ STARNES E. WALKER, Officer of the Day
U.S.V.Hospital, 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 Keytesville Mo — DATE OF BURIAL Ship 10/3 1930
20. UNDERTAKER Freeman Mor. — ADDRESS KC Mo

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.