

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

Do not use this space.

13296

85

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 2806 Patee street) _____ St. _____ Ward _____

File No. _____
Registered No. 464

2. FULL NAME Archie Wm. Anderson

(a) Residence. No. 2806 Patee 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 11 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ina M Anderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12, 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>63</u>	<u>0</u>	<u>15</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Chef
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Unknown

9. BIRTHPLACE (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Wm. Butler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Artima Anderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Ina M Anderson
(Address) 2806 Patee st. - St. Joseph Mo.

15. FILED 4-28-31 John R Bender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr-26 1931, to Apr-27 1931, that I last saw him alive on Apr-26 1931, and that death occurred, on the date stated above, at 4/15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

CONTRIBUTORY Chronic Nephritis, Yernia
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. At place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) J. R. Bowen M. D.

Apr. 29 19 31 (Address)

*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 <u>Barnard Cemetery</u>	DATE OF BURIAL <u>April 29 19 31</u>
---	---

20. UNDERTAKER <u>H.O. Lindenbader</u>	ADDRESS <u>1802 Union st.</u>
---	----------------------------------

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.

MAY 21 1931

