

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

Do not use this space.

14027 *2*

1. PLACE OF DEATH  
 County Jackson Registration District No. 398  
 Township Blue Primary Registration District No. 3019  
 City Independence (No. 634 S. Willis St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 146  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Arthur Anderson  
 (a) Residence. No. 634 S. Willis, St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? 36 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-12-1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
82 0 29

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

9. BIRTHPLACE (CITY OR TOWN) Louisville  
 (STATE OR COUNTRY) Ont., Canada

10. NAME OF FATHER Arthur Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Belfast  
 (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Cyntha Ann Logan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Belfast  
 (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. A. K. Dillee  
 (Address) 634 S. Willis.

15. FILED 4-13-1931 J. L. Cook  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-11-1931

17. I HEREBY CERTIFY, That I attended deceased from 16th 31st April 1931  
 that I last saw him alive on April 11, 1931, and that death occurred, on the date stated above, at 11:40 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Lobar Pneumonia  
109, 102  
 (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Senile dementia  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signature) Chas. Jessup, M.D.

4/13/1931 (Address) Independence, 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 Mound Grove DATE OF BURIAL 4-13-1931

20. UNDERTAKER H. W. Stahl ADDRESS Indep. 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.

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