

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

Do not use this space.

14167

**1. PLACE OF DEATH**

County.....**Jackson**..... Registration District No. **389**  
Township.....**Kaw**..... Primary Registration District No. **1002**  
City.....**Kansas City, Mo.** (No. **640 Schaefer**)

File No. ....  
Registered No. **1577**  
St. .... Ward)

**2. FULL NAME** **Louvia Anderson**

(a) Residence. No. **640 Schaefer** St. **1** 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**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Widow</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Unknown</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>July 17, 1845</b>		
7. AGE	YEARS	MONTHS
	<b>85</b>	<b>8</b>
		<b>22</b>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <b>At Home</b> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		

9. BIRTHPLACE (CITY OR TOWN)..... **Tenn.**  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <b>Henderson Haley</b>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <b>Virginia</b>
	12. MAIDEN NAME OF MOTHER <b>Middie Shaw</b>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <b>N.C.</b>

14. INFORMANT **Geo. W. Dodge,**  
(Address) **640 Schaefer**

15. FILED **4/10, 1931** **M. M. Crowe**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 9, 1931**  
17. I HEREBY CERTIFY, That I attended deceased from **Apr 6, 1931**, to **Apr 9, 1931**, that I last saw h. a. r. alive on **Apr 8, 1931**, and that death occurred, on the date stated above, at **7 a. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Lobar Pneumonia**  
**108**  
**93C**  
(duration) yrs. mos. ds. **3**  
CONTRIBUTORY (SECONDARY) **Chronic Myocarditis**  
(duration) **5** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....  
WAS THERE AN AUTOPSY? **no**  
WHAT TEST CONFIRMED DIAGNOSIS **a surgical**  
(Signed) **Harry L. Jones** M. D.  
**4/10, 1931** (Address) **Forest Hill, 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 **Forest Hill Cemetery** DATE OF BURIAL **4-10-31** 19

20. UNDERTAKER **R.V. Lindsey & Sons, Inc.** ADDRESS **K. C. 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.

1950

1951

1952

1953

1954

1955

1956

1957

1958

1959

1960

1961

1962

1963

1964

1965

1966

1967

1968

1969

1970

1971

1972

1973

1974

1975

1976

1977

1978

1979

1980

1981

1982

1983

1984

1985

1986

1987

1988

1989

1990

1991

1992

1993

1994

1995

1996

1997

1998

1999

2000

2001

2002

2003

2004

2005

2006

2007

2008

2009

2010

2011

2012

2013

2014

2015

2016

2017

2018

2019

2020

2021

2022

2023

2024

2025