

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.

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

Do not use this space.

1382

1. PLACE OF DEATH  
 48 County Jackson Registration District No. 400  
 Township Praine Primary Registration District No. 5533 B  
 City Little Blue (No. Jackson Co. Mo.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jacob Anderson  
 (a) Residence No. at home St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-4-1860

7. AGE YEARS 71 MONTHS 2 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. printer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 2

MOTHER FATHER  
 13. NAME unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown al  
 15. MAIDEN NAME unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT J. W. Hostetter  
 (ADDRESS) at home

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Maple Hill DATE 1/2 32

19. UNDERTAKER Ketterell

20. FILE NO. Jan. 3 - 32 William Fields  
 Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1931, to 1-2, 1932  
 I last saw him alive on 12-31, 1931. Death is said to have occurred on the date stated above, at 6A.  
 The principal cause of death and related causes of importance were as follows:  
acute gastro enteritis  
1205 120  
 Date of onset 12-31  
12-8

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury (D)

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. W. Greene, M. D.  
 (Address) Independence Mo

REC 24 1932

