

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.

12827

1. PLACE OF DEATH
County Jackson Registration District No. 389
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 1716 Penn St. St. _____ Ward) _____

2. FULL NAME James Howard Anderson
(a) Residence, No. 3424 Genesee St. _____ 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 <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 <u>Edna Anderson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9, 1880</u>				
7. AGE	YEARS <u>51</u>	MONTHS <u>10</u>	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House roofing</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>contractor 95</u>			
	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) <u>Kansas City Missouri 1</u>				
FATHER	13. NAME <u>James M. Anderson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio 2</u>			
MOTHER	15. MAIDEN NAME <u>Frank Harlan</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ills.</u>			
17. INFORMANT (ADDRESS) <u>R. V. Lindsey & Sons 3424 Genesee</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Floral Hills</u> DATE <u>Apr. 28</u> 19 <u>37</u>				
19. UNDERTAKER (ADDRESS) <u>R. V. Lindsey & Sons 3811 Broadway</u>				
20. FILED <u>4/28</u> 19 <u>37</u> <u>327m. m. Brown</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Apr. 26</u> 19 <u>37</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Dr. J. E. Brown</u> , 19 <u>37</u>	
I last saw <u>live on</u> _____, 19 <u>37</u> Death is said to have occurred on the date stated above, at _____ m.	The principal cause of death and related causes of importance were as follows: <u>Cranial tuberculosis</u> Date of onset _____
Other contributory causes of importance: <u>(A)</u>	
Name of operation _____ Date of _____	What test confirmed diagnosis? <u>Autopsy</u> Was there an autopsy? <u>yes</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>37</u> 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 _____	
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Stanley M. Hall</u> , M. D. (Address) <u>West 1st</u>	

