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.

APR 21 1933

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 8558
Township — Primary Registration District No. 1001 — Registered No. 277
City St. Joseph Mo., (No. Mo. Methodist Hospital St. Ward)

2. FULL NAME John W. Anderson
(a) Residence, No. 1513 Angelique St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb, 17, 1906

7. AGE: YEARS 27 — MONTHS 0 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Common
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): St. Joseph Mo., Mo.,

FATHER
13. NAME: James H. Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lexington Mo.,

MOTHER
15. MAIDEN NAME: Esb Bell Hunter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mo.,

17. INFORMANT (ADDRESS): Mrs Lora Jones 717 Pendleton St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem DATE 3-13-33, 19

19. UNDERTAKER (ADDRESS): B.F. Graves Funeral Home 806 South 17th St

20. FILED 3-10, 1933 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 8, 1933

22. I HEREBY CERTIFY, That I ~~attended~~ autopsied deceased from March 9, 1933, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5,50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound (Homicidal)	
173	

Other contributory causes of importance:
173

Name of operation Sutured Intestines Date of 3/8 33
What test confirmed diagnosis? Autopsied Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 3/7, 1933
Where did injury occur? St Joseph Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gunshot Wound
Nature of injury Liver punctured Intestines foundered

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Forrest Thomas Coroner, M.D.
(Address) 801 1/2 Felix