

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

Do not use this space.

13336

**1. PLACE OF DEATH**

County JACKSON Registration District No. 329 File No. 13336  
 Township KAW Primary Registration District No. 1008 Registered No. 1668  
 City KANSAS CITY (No. ST. JOSEPH'S HOSPITAL St. \_\_\_\_\_ Ward)

**2. FULL NAME** CAPTAIN HOLMAN M ANDERSON

(a) Residence, No. 3707 MERCIER St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF MRS. CLARA E. ANDERSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER 14 1843

7. AGE YEARS 89 MONTHS 7 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CONSTRUCTION DEPT.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME TELEGRAPH CO.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) BATH (STATE OR COUNTRY) MAINE

13. NAME ANDERSON

14. BIRTHPLACE (CITY OR TOWN) BATH (STATE OR COUNTRY) MAINE

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT MRS. ROBERT E. MATHEWS (ADDRESS) 3707-MERCIER

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE APRIL 15 1933

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) 211-EAST-916 ST

20. FILED Apr. 14 1933 M. M. Kerone Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 14 1933

22. I HEREBY CERTIFY, That I attended deceased from April 12-33, 19\_\_\_\_, to April 14-33, 19\_\_\_\_.

I last saw him alive on April 13 33, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:40 AM.

The principal cause of death and related causes of importance were as follows:

Bronchial asthma,  
bronchiectasis,  
prostatic hypertrophy,  
hypertension,  
 Other contributory causes of importance: 1930  
bronchial pneumonia,  
pulmonary abscesses,  
pyelo-nephritis.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Post. Mortem Was there an autopsy? Yes

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) Vincent Williams, M. D.  
 (Address) 736 Argyle Bldg. Kansas

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2

Dr. Vincent T. Williams

736 Argyle Bldg.

12-2-30