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.

FEB 27 1934

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

Do not use this space.

1422

1. PLACE OF DEATH

County JACKSON — Registration District No. 3 — File No.

Township ~~KAW~~ — Primary Registration District No. — Registered No. 404

City KANSAS CITY (No. ST. JOSEPH'S HOSPITAL St. Ward)

2. FULL NAME WILLIAM NELSON ANDERSON

(a) Residence, No. 2824 EUCLID St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MRS. BESSIE ANDERSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-1-1875

7. AGE: YEARS 58 — MONTHS 10 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) ROGERSVILLE TENNESSEE

FATHER

13. NAME BENJAMIN W. ANDERSON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

MOTHER

15. MAIDEN NAME JANE BARRETT

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

17. INFORMANT (ADDRESS) MRS. BESSIE ANDERSON 2824 EUCLID AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE JAN-29 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED Jan 27 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 26 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1932, to Jan 26, 1934

I last saw him alive on Jan 26, 34, 19 — Death is said to have occurred on the date stated above, at 12:50 P.m.

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

	Date of onset
Acute Myocarditis	1/1/34
94B	
93A	
93 a	

Other contributory causes of importance:

Coronary sclerosis	3/1/32

Name of operation X Date of X

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X 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 [signature]

(Signed) ....., M. D.

(Address) 925 [illegible]

Dr. Lyle G. Wil[illegible]
925 Argyle Bldg
2-5:30