

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Cass Registration District No. 148 File No. 4226
Township Wt Pleasant Primary Registration District No. 4082 Registered No. _____
City Bellton (No. _____) St. _____ Ward _____

2. FULL NAME Walter Scott Anderson

(a) Residence, No. _____ 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 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 Laura Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 4 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. shop
10. Date deceased last worked at this occupation (month and year) Feb. 1934 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER FATHER 13. NAME Byron Anderson

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

15. MAIDEN NAME Brown

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

17. INFORMANT Byron Anderson (ADDRESS) Bellton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stone Elm, Kaw DATE Feb. 4 1934

19. UNDERTAKER E. K. George & Sons (ADDRESS) Bellton Mo

20. FILED 2-7 1934 R. M. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:30 a. m.

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

Suicide - right common carotid severed by razor
168

Other contributory causes of importance 168

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 2-2 1934

Where did injury occur? in town Bellton Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury suicide

Nature of injury throat cut by razor

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Cornell Cunningham Crona

(Address) Harrisonville Mo.

