

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

Do not use this space.

9070

APR 25 1934

1. PLACE OF DEATH

County Jackson Registration District No. 811
Township Pikaw Primary Registration District No. 811
City Kansas City (No. General Hospital) St. Ward

File No. _____
Registered No. 1206
St. _____ Ward _____

2. FULL NAME

Anderson Nathan

(a) Residence, No. 2637 Wabash St., Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 W 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) Oct. 13 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 5 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Missouri

13. NAME George Anderson

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

15. MAIDEN NAME Ellen Edwards

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

17. INFORMANT (ADDRESS) Records Clerk, H.C. General Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 3-21-34

19. UNDERTAKER (ADDRESS) Dunk + John

20. FILED Mar 21 34 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-6, 1934, to 3-19, 1934

I last saw him alive on 3-19, 1934 Death is said to have occurred on the date stated above, at 3:50 m.

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

Pernicious Anemia Date of onset _____

Other contributory causes of importance: 719

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J. J. Crow M. D.
(Address) H.C. General Hospital

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.

