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

Do not use this space.

20617

File No.

Registered No. 1 28

1. PLACE OF DEATH

County: Jackson

Township: Kansas

City: Kansas C (No. General Hospital St. Ward)

Registration District No. 399

Primary Registration District No. 1 0 0 2

2. FULL NAME: Andy Anderson

(a) Residence, No. 1442-1/2 E 8th 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.

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.

JUL 17 1934

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 15 - 1880

7. AGE: YEARS 54 MONTHS 5 DAYS 4 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Upholstering

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): Sweden

FATHER

13. NAME: Olie Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER

15. MAIDEN NAME: Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): Mrs. S. E. Dahlin, 1206 E 9th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. St Mary Cemetery DATE: June 25 1934

19. UNDERTAKER (ADDRESS): Parantino Bros.

20. FILED: 6/24 1934 M. M. Lerone Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/19/34, 19

22. I HEREBY CERTIFY, that I attended deceased from ....., 19...., to ....., 19....

I last saw him alive on June 19 1934, 19..... Death is said to have occurred on the date stated above at 2 A.M.

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

Fracture of the skull

Date of onset

Other contributory causes of importance:

No

Name of operation: Autopsy Date: 6/19/34

What test confirmed diagnosis? Was there an autopsy?

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

Accident, suicide, or homicide? Date injury occurred, 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: Fell off of porch

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) Elliott, M. D.

(Address) CCS

loose
loot
loose
lose lose
lose