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

Do not use this space.

SEP 20 1934

1. PLACE OF DEATH

County: Jackson — Registration District No.: 3 8 3 — File No.: 29263

Township: Kaw — Primary Registration District No.: 0 3 — Registered No.: 3680

City: Kansas city (No. End of St. John & Cinder Road St. Ward)

2. FULL NAME: John Fergus Anderson

(a) Residence No. 110 Spruce St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 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: wh

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Grace Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. - 29 - 1866

7. AGE: Years 67 | Months 7 | Days 8 | If LESS than 1 day, ...hr. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C M & St P & P R.R.

10. Date deceased last worked at this occupation (month and year): 1928

11. Total time (years) spent in this occupation: 47 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wilder Kansas

FATHER

13. NAME: UNKNOWN ANDERSON

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

MOTHER

15. MAIDEN NAME: UNKNOWN

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

17. INFORMANT (ADDRESS): Mrs Grace Anderson 110 Spruce

18. BURIAL, CREMATION, OR REMOVAL: PLACE MONTICELLO, KANS. DATE AUGUST-10 1934

19. UNDERTAKER (ADDRESS): Rhinemcmiro Bros Kansas city - Mo.

20. FILED 8/9 1934 M. M. Bennett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug - 7 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 43 a.m.

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

	Date of onset
Primary Thrombosis	
Chronic myocardial	
948	
Infarction	

Other contributory causes of importance:

Name of operation ..... Date of .....

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 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) ....., M. D.

(Address) .....

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD