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.

100M-11-24-33

OCT 11 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 80 — File No. 31964
Township Platt — Primary Registration District No. 5121 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME J. N. Anderson
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 12 - 1865

7. AGE — YEARS: 69 — MONTHS: — 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.: Farmer
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): Buchanan Mo

FATHER
13. NAME: J. N. Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Martha Huddleston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Roy Anderson Frazier Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Frazier — DATE: Sept 18 1934

19. UNDERTAKER (ADDRESS): H. A. Sullivan Gower Mo

20. FILED Sept. 17 1934 Mrs. Lucy Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from 1930, 19..., to Aug 27, 1934
I last saw him alive on Aug 27, 1934. Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	?
S/C	

Other contributory causes of importance:

Name of operation: Prostatectomy — Date of 1931
What test confirmed diagnosis? Operation — Was there an autopsy? no

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) C. A. Wallace Jr., M. D.
(Address) St. Joseph, Mo