Dr. L. F. Pakeiser
4800 Jefferson Ave
Phone Ha. 8456
Ha. 3451

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

Do not use this space.

43279

JAN 8 1935

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No.
Township Raw Primary Registration District No. 1002 Registered No.
City K. C. Mo. (No. Mercy Hospital St. Ward)

2. FULL NAME Billie Anderson
(a) Residence, No. Preston, Mo 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: m
4. COLOR OR RACE: W
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) May 13, 1932
7. AGE: Years 2 | Months 7 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Mo

FATHER
13. NAME Alva Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Cela Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Alva Anderson (ADDRESS) Preston Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Weaubleau DATE Jan 2, 1935
19. UNDERTAKER Mrs C L Forster (ADDRESS) K C Mo
20. FILED 12/31-34, 19 M. M. Cerone Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-15-34, 19..., to 12-31-34, 19...
I last saw h. alive on 12-31-34, 19... Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diptheria.	12-29.
10	
10	
10	

Other contributory causes of importance:
Empyema following Pneumonia 10-15-34.
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) L F Pakeiser, M. D.
(Address) 710 Brooklyn

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.

1.6M-11-24-33