MAY 2 4 1935

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

Do not use this space.

12776

File No. 1169

Registered No.

1. PLACE OF DEATH

County JACKSON — Registration District No. 399

Township ~~Kaw~~ — Primary Registration District No. 1002

City KANSAS CITY (No. 5435 - WOODLAND St. Ward)

2. FULL NAME LEO ANDERMAN

(a) Residence, No. 5435 WOODLAND St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. MARY H. ANDERMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-23-1864

7. AGE: YEARS 70, MONTHS 11, DAYS 12. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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) GERMANY

FATHER

13. NAME Unknown

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 MR. J. M. OLSON (ADDRESS) 1417 MAIN ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE Apr 7 1935

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) 2111-EAST 9TH ST.

20. FILED 4-6 1935 M M Craine Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL - 5 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935, to Apr 5 1935

I last saw him alive on Apr 5 1935 Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Coronary Occlusion

Myocarditis (Chronic) 3 mths

93 [illegible]

Other contributory causes of importance:

[illegible]

Adenoma Goitre 12 yrs.

Name of operation no 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? no 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? No

If so, specify

(Signed) [illegible], M. D.

(Address) 1410 E [illegible]

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

10 331

1402 Bryant Bldg.
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