

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

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

Do not use this space.

DEC 11 1935

35271

1. PLACE OF DEATH

County St. Louis Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. State Hospital # 2) St. _____ Ward _____

File No. _____
Registered No. 1211
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10, 1868

7. AGE YEARS 66 MONTHS 11 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Harrison Co., Mo.

13. NAME Melville Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Melinda H. Hoops

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Records Dept. Hoop St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Stanberry Mo. DATE Nov. 29 1935

19. UNDERTAKER (ADDRESS) Heaton Be Gale & Bowman St. Joseph Mo.

20. FILED 11-28 1935 John A. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1935, to Nov 27 1935

I last saw h. alive on Nov 27 1935. Death is said to have occurred on the date stated above, at 7:58 p.m.

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

Cerebral Pneumonia
Arteriosclerosis
Cerebral Anoxemia
Infective Toxemia
Date of onset Nov 24, 1935

Other contributory causes of importance: 1865 1934

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? yes Date of injury Nov 7 1935

Where did injury occur? State Hospital (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Accidental Fall External no
Nature of injury Fractured Femur

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) D. Clayton Smith M. D.
(Address) State Hospital # 2 St. Joseph Mo.

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.

MEMORANDUM FOR THE DIRECTOR, FBI

TO : SAC, NEW YORK

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

[The remainder of the memorandum text is illegible due to extreme blurriness and low contrast.]