

FEB 20 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

2526

1. PLACE OF DEATH

County Platte
 Township Leawee
 City _____ (No. _____ St. _____ Ward _____)

Registration District No. 696
 Primary Registration District No. 5924

File No. _____
 Registered No. 2

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (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. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 9

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. at home

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) Platte Co., Mo.

13. NAME Walter Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co., Mo.

15. MAIDEN NAME Minnie Shanks

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

17. INFORMANT Walter Anderson (ADDRESS) Platte City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City, Mo. DATE 1-4 U.S. _____

19. UNDERTAKER J. F. Collins (ADDRESS) Platte City, Mo.

20. FILED 1/6 1936 Mrs. Francis B. Murray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1936

22. I HEREBY CERTIFY that I attended deceased from Dec. 30, 1935 to Jan. 3, 1936

I last saw him alive on Jan. 2, 1936 Death is said

to have occurred on the date stated above, at 6 a. m.

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

Influenza Date of onset Dec. 27

Other contributory causes of importance: 11/15

Name of operation None Date of _____

What test confirmed diagnosis? clinical 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? No

If so, specify _____

(Signed) Spencer B. Sherman M. D.

(Address) Platte City, Mo.

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.

