WHITE 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.

APR 15 1936

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. 85
Township: — Primary Registration District No. 1001
City: St Joseph (No. State Hosp #2 St. Ward)

File No. 9453
Registered No. 462

2. FULL NAME: Thomas Anderson
(a) Residence, No. Kansas City St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. 9 mos. 9 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: Annie Allee Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 7 1858

7. AGE: YEARS 77 — MONTHS 5 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Teacher
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): 6 yrs +
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: John Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Nancy Twentyman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Carolina

17. INFORMANT (ADDRESS): Records - State Hosp #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kansas City Ks DATE: 3-28, 1936

19. UNDERTAKER (ADDRESS): Harry H Uylin 218 S 4th

20. FILED: 3-28-1936 John R. Bender 2 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-19, 1935, to 3-27, 1936
I last saw him alive on 3-27, 1936 Death is said to have occurred on the date stated above, at 2 o'c p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	June 1930 plus
93 c	
Other contributory causes of importance: Generalized Arteriosclerosis with Hypertension	Same

Name of operation: None Date of
What test confirmed diagnosis: Clin + Lab 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? No
If so, specify
(Signed) E. E. DeLong, M. D.
(Address) State Hosp #2