

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

Do not use this space.

JUN 17 1936

19593

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jacaw Primary Registration District No. 1002
City Kansas City (No. KC General Hosp) St. Ward

File No.
Registered No. 2551

2. FULL NAME

David Anderson
(a) Residence, No. 4810 E 14th St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha L. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 1866

7. AGE YEARS 72 MONTHS 1 DAYS 4 If LESS than 1 day,hrs. ormin.

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

13. NAME Robert Anderson

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

15. MAIDEN NAME Anna Wye

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT (ADDRESS) P. and Cleve K.C. General Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE May 25 1936

19. UNDERTAKER (ADDRESS) Wm. W. Crowe

20. FILED May 24 1936 Registrar. Wm. W. Crowe

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22-36

22. I HEREBY CERTIFY, That I attended deceased from 5-10-36 to 5-22-36

I first saw him alive on 5-22-36 Death is said to have occurred on the date stated above, at 8:55 a.m.

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

Duodenal Ulcer with Hemorrhage Date of onset

Other contributory causes of importance: 11762

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) Wm. W. Crowe, M. D.
(Address) K.C. General Hosp

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.

