

AUG 19 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26128

1. PLACE OF DEATH

County HUNKLINTownship CLAY

City _____ (No. _____)

Registration District No. 287Primary Registration District No. 2405

File No. _____

Registered No. 23

St. _____ Ward _____

2. FULL NAME

R. W. ANDERSON

(a) Residence, No. _____

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

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

BASH ANDERSON

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

JULY 8 - 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

6402

OCCUPATION

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

FARMER-

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)

HICKMAN KENTUCKY

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 (ADDRESS)

Mrs. R. W. Anderson
Harrisonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

MS Grew

DATE

July 10, 1936

19. UNDERTAKER (ADDRESS)

Baldwin Funeral Home
Kennett Mo.

20. FILED

7-1119. 368211111

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 10, 1936

22. HEREBY CERTIFY, That I attended deceased from

July 1, 1936 to July 10, 1936I last saw him alive on July 1, 1936 Death is saidto have occurred on the date stated above, at 12:50 A. m.

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

General Metastatic
Colorectal Carcinoma
with numerous
metastases

Date of onset

Other contributory causes of importance:

53

Name of operation

Amputation of foot

What test confirmed diagnosis?

Date of 1936

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?

If so, specify

(Signed)

E. J. Cape

M. D.

(Address)

Harrisonville 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.

