

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

Do not use this space.

**JUN 12 1937**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 3411 Chestnut) St. 2 Ward 1

File No. 18875  
Registered No. 2003  
St. 2 Ward 1

**2. FULL NAME** John August Anderson

(a) Residence, No. 3411 Chestnut St. 2 Ward 1  
(Usual place of abode)

Length of residence in city or town where death occurred 16 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 4 22

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

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) Sweden

MOTHER 13. NAME Sell Anderson

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

15. MAIDEN NAME Matilda Risberg

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

17. INFORMANT Mrs. Margaret Anderson  
(ADDRESS) 3411 Chestnut

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Greenlawn DATE May 4, 1937

19. UNDERTAKER D.W. Newcomer's Sons  
(ADDRESS)

20. FILED May 15 1937 M. M. Brown  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1937, to May 2, 1937.  
I last saw him alive on May 2, 1937. Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Arteriosclerotic Heart Disease with Hypertension  
Coronary Thrombosis  
Date of onset 1935

Other contributory causes of importance: 94B2

Name of operation Date of operation  
What test confirmed diagnosis? 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 None  
(Signed) Donald A. Jackson, M. D.  
(Address) 1200 Professional Bldg

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.

2  
2  
2

Prof. Bldg.