

JUN 28 1937

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

Do not use this space.

1. PLACE OF DEATH

83 County Platte, Mo.  
Township Beverly Western  
City Beverly (No. 1)

Registration District No. 698  
Primary Registration District No. 5926

File No. 21028

Registered No. 2  
St. 1 Ward 1

2. FULL NAME

(a) Residence, No. James J. Anderson  
(Usual place of abode)

St. 1 Ward 1

(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 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 Ella L. Anderson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-10-1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 1 17

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) Carthage - Mo.

13. NAME Wm. Anderson

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

15. MAIDEN NAME Giddy Kamb

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

17. INFORMANT Ella L. Anderson (ADDRESS) Beverly, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge Co. DATE May 28 1937

19. UNDERTAKER J. A. Bush & Sons (ADDRESS) St. Louis, Mo.

20. FILED 1/28 1937 J. W. Brink Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1937, to May 27, 1937.

I last saw him alive on May 27, 1937. Death is said

to have occurred on the date stated above, at 10:15 a.m.

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

Carcinoma of Rectum with marked anemia resulting in cardiac failure. Date of onset

Other contributory causes of importance: 40  
Chronic median  
malnutrition

Name of operation 4 Date of 4

What test confirmed diagnosis? 4 Was there an autopsy? 4

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 4 Date of injury 4, 1937

Where did injury occur? 4 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 4

Nature of injury 4

24. Was disease or injury in any way related to occupation of deceased? 4

If so, specify

(Signed) R. S. Jennings M.D.

(Address) Wichita Mo.

