

WRITE 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.

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

Do not use this space.

23721

File No. _____
Registered No. 504
St. _____ Ward _____

39 JUL 28 1937

1. PLACE OF DEATH
3 County Green Registration District No. 318
5 Township _____ Primary Registration District No. 2001
City Springfield No. 1225 C. Pacific St. _____ Ward _____
2. FULL NAME Jahnes B. Anderson
(a) Residence No. 1225 C. Pacific 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. _____ da. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS 76 MONTHS _____ DAYS _____
IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pool Room
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) Miss.
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Jerry Todd
(ADDRESS) 1225 C. Pacific
18. BURIAL, CREMATION, OR REMOVAL PLACE Woods DATE June 17 1937
19. UNDERTAKER W. P. Campbell
(ADDRESS) 469 West Ave
20. FILED June 15 1937 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1937
22. I HEREBY CERTIFY that I attended deceased from Feb 4 1937 to June 14 1937
I last saw him alive on June 12 1937 Death is said to have occurred on the date stated above, at 7:40 p. m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Atherosclerosis heart blood
a1

Other contributory causes of importance:
Gangrene big toe Feb 1937
of left foot June 14 1937
Name of operation none Date of _____
What test confirmed diagnosis chem. 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? _____
If so, specify _____
(Signed) Dr. J. W. James M. D.
(Address) Springfield Me

