

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

Do not use this space.

**OCT 19 1937**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 2516) Montgall

File No. 33356  
Registered No. 33356  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Andrew E. Anderson**

(a) Residence, No. 2516 Montgall St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 65 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 Mrs. Hattie A. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1867

7. AGE YEARS 70 MONTHS 4 DAYS 27  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Letter Carrier  
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

FATHER  
13. NAME Lars Anderson

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

MOTHER  
15. MAIDEN NAME Sophia

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

17. INFORMANT Mrs. Hattie A. Anderson  
(ADDRESS) 2516 Montgall

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE Sept. 22, 1937

19. UNDERTAKER Freeman Mortuary & Chapel  
(ADDRESS) Kansas City Missouri

20. FILED Sept. 21, 1937 M. M. Brown  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1935, to Sept. 20, 1937

I last saw him alive on Sept. 20, 1937 Death is said to have occurred on the date stated above, at 6A m.

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

Acute Massive hemorrhage  
Gastric ulcer.

Date of onset 9/19

Other contributory causes of importance: 117a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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) [Signature], M. D.

(Address) 828 Medical Arts Bldg.

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.

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Dr. F. W. Hallberg  
Medical Park Bldg  
Sto. C. P. M.