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

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 36794

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 910 East 79th Terr. St. Ward)

2. FULL NAME Rev. Eli Powell Anderson

(a) Residence, No. 910 East 79th Terr. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 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: Emma L. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 11 1861

7. AGE: YEARS 76 — MONTHS 8 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.: Minister
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): Penn.

FATHER

13. NAME: Eli P. Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER

15. MAIDEN NAME: Sarah Elizabeth Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT (ADDRESS): Mills M. Anderson, 406 West 74th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Oct 23rd, 1937

19. UNDERTAKER (ADDRESS): Dwyer Comes Sons, Kansas City, Mo

20. FILED Oct 21, 1937 M M Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 21st, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1930, to Oct. 5, 1937
I last saw him alive on Oct 5, 1937. Death is said to have occurred on the date stated above, at 5.10 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Rectum — Date of onset 1935

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Other contributory causes of importance:

Name of operation none — Date of —
What test confirmed diagnosis? X-ray — 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) E A Albers, M. D.
(Address) 1125 Rialto Kansas City Mo

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.

I X9314

Riallo Bldg Vi 5832
now until 4 3/2 pm

JUN 30 1950