

DEC 27 1937

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

Bishop
Do not use this space.

42122

File No. 324326
Registered No. 668
St. Ward

1. PLACE OF DEATH

County Pettis
Township
City Sedalia (No. 310 East 28th.)

Registration District No. 668
Primary Registration District No. 3032

2. FULL NAME Baby Boy of Jess L. Anderson

(a) Residence, No. 310 East 28th. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
30

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Sedalia
(STATE OR COUNTRY) Mo.

FATHER 13. NAME Jess L. Anderson

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

MOTHER 15. MAIDEN NAME Eva Shackles

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

17. INFORMANT Jess L. Anderson
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mem. Park DATE Nov. 17, 1937

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED 11-17-37 Jean Shrek Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1937

22. I HEREBY CERTIFY That I attended deceased from at birth 1937 to Nov 16 1937

I last saw him alive on Nov 16 1937. Death is said to have occurred on the date stated above, at 12:34 A.M.

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

Inanition due to physical deformity Date of onset

Other contributory causes of importance:

Name of operation 157 Date of

What test confirmed diagnosis? 157 Was there an autopsy? no

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

Accident, suicide, or homicide? 157 Date of injury 2 1937

Where did injury occur? 157

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 157

Nature of injury 157

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Dr. J. Bishop M. D.

(Address) Sedalia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

