

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 48 398  
 Township Blues Primary Registration District No. 5554  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2994  
 Registered No. 6

**2. FULL NAME**

(a) Residence, No. RR 3 Box 303 East Indep Ward 536  
 (Usual place of abode)

Length of residence in city or town where death occurred 2 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) Widowed  
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Virginia  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-22-1857  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 1 10

OCCUPATION 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) 4 yrs. 11. Total time (years) spent in this occupation Always

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Safayette County Missouri

MOTHER FATHER 13. NAME Dr. S. Anderson

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

MOTHER 15. MAIDEN NAME Ann Columbia

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

17. INFORMANT Sidney Anderson  
 (ADDRESS) RR 3 Indep

18. BURIAL, CREMATION OR REMOVAL PLACE Woodlawn DATE Jan 7 1937

19. UNDERTAKER Anderson  
 (ADDRESS) Independence Mo

20. FILED 1-11-37 1937 H. L. Cook Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1937, to 7-23, 1937.

I last saw him alive on 7-23, 1937. Death is said

to have occurred on the date stated above, at 6 A.M.

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

Obstruction of Stomach  
 Other contributory causes of importance: No

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

What test confirmed diagnosis? Laboratory 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) W. S. Oliver, M. D.  
 (Address) Independence 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.

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RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

Memorandum - 1130  
Date 1130 6 1  
Office 130 6 3

Director's Office