

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.

REC'D AUG 24 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County CassRegistration District No. 157Township Pleasant HillPrimary Registration District No. 4891City Pleasant Hill

(No. _____)

St. _____ Ward _____

2. FULL NAME JOHN KIMBERLIN ANDERSON(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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

3. SEX

male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)widowed5A. IF MARRIED, WIDOWED, OR DIVORCED,
HUSBAND OF
(OR) WIFE OFMARISTA Anderson

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

Nov. 30, 1843

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

9572320

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Blacksmith9. 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)191211. Total time (years)
spent in this
occupation2012. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Washington co. KY.FATHER
MOTHER

13. NAME

ELVEN ANDERSON14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)KY.

15. MAIDEN NAME

SALLIE KIMBERLIN16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)KY.17. INFORMANT
(ADDRESS)EARL Kuhn Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Burial

PLACE

P. H. MO.

DATE

JULY 23, 193819. UNDERTAKER
(ADDRESS)Allen BROWNFIELD PLEASANT HILL, MO.

20. FILED

July 25, 1938 Mrs. Etta M. Aldridge

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 20, 1938

22. I HEREBY CERTIFY, that I attended deceased from

July 11, 1938, to July 20, 1938Last seen alive on July 20, 1938 Death is saidto have occurred on the date stated above, at 11 P.m.

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

Cerebral hemorrhage

Date of onset

7/11/38

Other contributory causes of importance:

Senility
arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis?

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? No

If so, specify _____

(Signed)

P. J. Murray, M. D.

(Address)

Pleasant Hill, Mo.

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