

REC'D SEP 20 1938

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

Do not use this space.

29146

## 1. PLACE OF DEATH

County Jackson Registration District No. 404  
 48 Township Kearney Primary Registration District No. 5538  
 City Kansas City (No. 87th + Summit) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 65

Registered No. \_\_\_\_\_

## 2. FULL NAME

Charles Eland Anderson  
 (a) Residence, No. 87th - Summit 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
47 7 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Mason

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) (STATE OR COUNTRY) Ark13. NAME Edward P Anderson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill15. MAIDEN NAME Anna P16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind17. INFORMANT Mrs E. Elsie Anderson  
(ADDRESS) 87th + Summit18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Aug 13 193819. UNDERTAKER Rose Neederger  
(ADDRESS) Jackson20. FILED 9-11-38 Special Health Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1938, to 7-30, 1938

I last saw him alive on 7-28, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Carcinoma StomachHbpt

Other contributory causes of importance:

Live, MetastasisName of operation Gastrectomy Date of 7-22-38What test confirmed diagnosis? Biopsy 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) G. H. Smith, M. D.(Address) 3616 15th St. S.W.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FRICTIONS should state

Die: Claud Hunt  
Prof Bldg-