

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

Do not use this space.

NOV 14 1938

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 38039
 Township Paw Primary Registration District No. 100 Registered No. 4273
 City Kansas City (No. 100) Mercy Hospital St. 4273 Ward

2. FULL NAME

Florance Anderson
 (a) Residence, No. 4740 Washita St., Johnson Co Ward Kanso
 (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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 2 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Kansas City Missouri

FATHER 13. NAME John Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas

MOTHER 15. MAIDEN NAME Elsie Linson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

17. INFORMANT Mr. Mrs John Anderson
 (ADDRESS) 4740 Washita

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Nov. 3 1938

19. UNDERTAKER Gate Funeral Home
 (ADDRESS) Kansas City Kansas

20. FILED 11-2 1938 M. M. Crouse Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct July 1 1938 to Nov 1 1938
 I last saw him alive on July 1 1938 Death is said to have occurred on the date stated above, at A m.
 The principal cause of death and related causes of importance were as follows:

Bilateral Bronchopneumonia
Congenital heart disease
Pyelitis cystica
 Other contributory causes of importance: 1890

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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. Soderberg, M. D.
 (Address) 2017 W. Grand

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.

