REC'D FEB 16 1939

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

Do not use this space.

1926

1. PLACE OF DEATH
19 County Cass
7 Township Index
City Garden City (No. 526, St., Ward)

Registration District No. 154
Primary Registration District No. 4088
File No.
Registered No.

2. FULL NAME George Brinton Anderson

(a) Residence, No. Garden City, Mo. St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1863

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 75 | 10 | 29 | |

OCCUPATION

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

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) Jackson, Michigan

FATHER

13. NAME John S Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. York.

MOTHER

15. MAIDEN NAME Rose Ann Boals

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mary F. Anderson Garden City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Garden City. DATE Jan. 22, 1939

19. UNDERTAKER (ADDRESS) M Kaufman Garden City Mo 147

20. FILED Jan 19, 1939 Geo E Trotter Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1938, to Jan 19, 1939

I last saw h[illegible] alive on Jan 18, 1939. Death is said to have occurred on the date stated above, at 5 a m.

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

| | Date of onset |
|---|---|
| Valvular Heart disease | |
| | |
| | |
| | |

9 2 C

Other contributory causes of importance:

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? No 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) , M. D.
(Address)

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.

WHITE PAPER, WITH CONTRASTING INK—THIS IS A PERMANENT RECORD

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