S.S.No. unknown - if any

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

NOV 19 1940 30

Do not use this space.

35091

1. PLACE OF DEATH
County Clay — Registration District No. 198
Township Fishing River — Primary Registration District No. 3011 — File No. 167
City Excelsior Springs, Mo. (No. Veterans Administration Facility St. Ward) — Registered No. 167

2. FULL NAME Butler ANDERSON

(a) Residence, No. Knox City, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 1 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	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1896

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
43	10	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Knox City, Mo. 0

FATHER
13. NAME Butler Anderson 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Knox City, Mo. 0

MOTHER
15. MAIDEN NAME Mary Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) ? Missouri

17. INFORMANT (ADDRESS) Hospital Records

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Knox City, Mo. DATE 10-19-40, 19

19. UNDERTAKER Claude Prichard 180
(ADDRESS) Excelsior Springs, Mo.

20. FILED Oct 19, 1940 Mrs Ria McCracken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1940 to October 18, 1940
I last saw him alive on October 18, 1940. Death is said to have occurred on the date stated above, at 8:12 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus	

Other contributory causes of importance: ---

Name of operation None Date of
What test confirmed diagnosis? Examination and observation 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) A.H.J. Dolan, M.D. Acting Clinical Director, M. D.
(Address) Veterans Administration Facility. Excelsior Springs, Mo.

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.

RECEIVED
District Health Officer No. 8,

District Filo Number

Date Filed 11-13-40

22

. No. 2B
—2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35091

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 161

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs mo

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Butler Anderson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Div

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 13 If less than one day h. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h. alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Tetanus

Due to Accidental trauma to nose - according to hospital history

Due to

Other conditions (Include pregnancy within 3 months of death) 22

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Unknown

(c) Where did injury occur? On farm, place unknown (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm (Specify type of place)

While at work? unknown (e) Means of injury unknown

23. Signature A. N. J. Dolan (M. D. or other)

A. N. J. DOLAN, M. D.

Address Acting Clinical Director Date signed

Veterans Administration Facility, Excelsior Springs, Mo.