

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

Do not use this space.

5131

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 17489
 Township Law Primary Registration District No. 2092 Registered No. 789
 City Reussideity (No.) Trinity Luth Hosp St. _____ Ward _____

2. FULL NAME

Christopher Anderson
 (a) Residence. No. 1102 Benton St. _____ Ward 12
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 9 yrs. mos. _____ ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary H Anderson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25, 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 58 11 25
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Dry Goods Merchant (duration) _____ yrs. _____ mos. _____ ds.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1930
 17. I HEREBY CERTIFY, That I attended deceased from Feb 2 - 1930, to Feb 20 - 1930, and that I last saw him alive on 20, 1930, and that death occurred, on the date stated above, at 2:30 P m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
Metastases to Abdominal Glands and Liver
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) 44 (duration) _____ yrs. _____ mos. _____ ds.
 18. WHERE WAS DISEASE CONTRACTED Home
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS Clinical finding + Autopsy
 (Signed) C. M. Critchfield, M. D.
7/21 1930 (Address) 3-647 Cass

9. BIRTHPLACE (CITY OR TOWN) Leesville (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER Christopher Anderson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va. (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Martha Bell
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va. (STATE OR COUNTRY) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton, Mo. DATE OF BURIAL Feb 22 1930
 20. UNDERTAKER A. H. Newcomer's Sons ADDRESS 1616

14. INFORMANT Christopher Anderson
 (Address) 1102 Benton Blvd
 15. FILED 7/21 1930 M. J. G. Gomer REGISTRAR over

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

200 Argyle Bldg.

Vi. 9485.

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