

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

34467

1. PLACE OF DEATH *Jefferson* County *Jefferson* Registration District No. *389*
 Townships *2nd* Primary Registration District No. *100* File No. _____
 City *St. Louis* (No. *5118*) Baltimore St. *8* Registered No. *4106*
 (Usual place of abode) (If nonresident, give city or town and State) St. *100* Ward)

2. FULL NAME *George L. Anderson*
 (a) Residence, No. *5118 Baltimore St.* Ward. *8*
 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 (with the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 5 - 1883*

7. AGE YEARS *47* MONTHS *10* DAYS *10* If LESS than 1 day, _____ hrs. or _____ min.

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

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) *Mo*

13. NAME *Jacob Cassidy*

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Kentucky*

15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Ill*

17. INFORMANT (ADDRESS) *Wm. R. Anderson*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Clinton Mo* DATE *10/15/31*

19. UNDERTAKER (ADDRESS) *7 Oddwell*

20. FILED *10/15* 19*31* *M. M. Brown* Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *October 15, 1931*

22. I HEREBY CERTIFY That I attended deceased from *April* 19*26* to *Oct 15*, 19*31*. I last saw her alive on *Oct 15*, 19*31*. Death is said to have occurred on the date stated above, at *3 am*. The principal cause of death and related causes of importance were as follows:
Angina pectoris
Arterio Sclerosis
Cancer right breast.

Other contributory causes of importance: *50*
50
97
50

Name of operation *None* Date of _____
 What test confirmed diagnosis? *clinical* 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? _____
 If so, specify _____
 (Signed) *Forest J. Foster* M. D.
 (Address) *638 Lathrop Bldg. Kansas City Mo*

