

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

Do not use this space.

34344

1. PLACE OF DEATH **Veterans' Administration Hospital.** 399

County **Jackson** Registration District No. \_\_\_\_\_  
 Township **Kaw** Primary Registration District No. **1002** File No. **4057**  
 City **Kansas City, Mo.** (No. **4. A. Veterans Hospital**) Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **ANDERSON, Eugene Harold**

(a) Residence, No. **427 N. 7th St.** St. **L** Ward **C-None WOE**  
 (Usual place of abode) **Kansas City, Kansas.** (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 **Male** 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) **September 24, 1897**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**34 0 9**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Bookkeeper.**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **office**  
 10. Date deceased last worked at this occupation (month and year) **9-31** 11. Total time (years) spent in this occupation **3**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri.**

MOTHER 13. NAME **Thomas H. Anderson**

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

15. MAIDEN NAME **Jennie Frain**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Penn.**

17. INFORMANT **Mrs. Jennie M. Anderson**  
 (ADDRESS) **427 N. 7th, Kansas City, Kansas.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mc Cleary** DATE **10-6-31**

19. UNDERTAKER **Geo. E. Young**  
 (ADDRESS) **St. C. H. Brown**

20. FILED **10-5-31** **Th. M. Brown** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 3, 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 18, 1931 to October 3, 1931**

I last saw him alive on **October 3, 1931** Death is said to have occurred on the date stated above, at **3:10 PM**

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

**Pyelo-Nephritis, chronic.**

Date of onset **9 month ago - from history**

Other contributory causes of importance:

**Pericarditis, chronic adhesive.**

Name of operation **133** Date of \_\_\_\_\_  
 What test confirmed diagnosis? **Phys. Exam. & Lab.** 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) **James E. Walker, M.D.**  
**STARNES E. WALKER, Officer of the Day**  
**Veterans' Administration Hospital**  
**Kansas City, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

