

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

Do not use this space.

12724

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 1004  
 Township Pleasant Primary Registration District No. 1002 Registered No. 1004  
 City Kansas City (No. 100 General Hosp) St. Mo. Ward

**2. FULL NAME**

Evar Anderson  
 (a) Residence, No. 4522 Bell St. 7 Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 9 yrs. 0 mos. 0 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) Aug. 21, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>36</u>	<u>7</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Sweden

13. NAME Wm. Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) Reverend Clerk General Hospital

18. BURIAL, CREMATION, OR REMOVAL, PLACE St. Luke's Hill DATE 4-22-1932

19. UNDERTAKER (ADDRESS) Gates Funeral Home, Kansas City, Mo.

20. FILED Apr. 21st 1932 Wm. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-17-1932 to 4-20-1932

I last saw him alive on 4-20-1932 Death is said

to have occurred on the date stated above, at 2:57 P.M.

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

Tuberculosis of Lungs, Kidneys, Intestines and Bladder

Other contributory causes of importance: Tuberculosis Meningitis

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 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?

(Signed) R. E. Wellstead, M. D.

(Address) Subt. Gen. Hosp. 1002, 7th St. 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.

