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.

1. PLACE OF DEATH

48 County JACKSON — Registration District No. 359 — File No. 1382

10 Township KAW — Primary Registration District No. 1002 — Registered No. 112

9 City KANSAS CITY (No. WESLEY HOSPITAL St. Ward)

2. FULL NAME GEORGE F ANDERSON

(a) Residence, No. 10221 WINNER ROAD, 10 Ward. (Usual place of abode) (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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MRS. MARY L. ANDERSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-2-1865

7. AGE: YEARS 67 — MONTHS 7 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BUILDER 117A

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 22 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

FATHER

13. NAME JOSEPH C. ANDERSON

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

MOTHER

15. MAIDEN NAME EMILY UNKNOWN

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

17. INFORMANT MRS. MARY L ANDERSON (ADDRESS) 10221 WINNER ROAD

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE JANUARY-10, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED Jan 9, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY-8, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to Jan 8, 1933

I last saw him alive on Jan 8, 1933 Death is said to have occurred on the date stated above, at 5:00 P.m.

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

Pyloric obstruction probably from old healed ulcer, the x ray showed pylorospasm with retention but no evidence of malignancy

Date of onset

Other contributory causes of importance:

Inanition and weakness from vomiting and inability retain food.

Name of operation x ray 118 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? No

If so, specify

(Signed) O. R. Crooks, M. D.

(Address) 6235 E 15

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6235 East 15th St.
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