

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.

19945

File No. **2663**
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Luke's Hospital St. _____ Ward _____)

2. FULL NAME William J. Anderson
(a) Residence, No. 1215 Huntington Road St. _____ 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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 29, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Missouri

13. NAME James Anderson

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

15. MAIDEN NAME Mrs. Ferguson

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

17. INFORMANT Clarence W. Anderson
(ADDRESS) 1215 Huntington Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Moriah DATE June 27, 1933

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Hillham Place

20. FILED 6-27, 1933 Ms. M. Kynable
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1933, to June 25, 1933
I last saw him alive on June 25, 1933. Death is said to have occurred on the date stated above, at 3:45 A.

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

Other contributory causes of importance:
Carcinoma of rectum
sigmoid

Name of operation Colostomy Date of 1933
What test confirmed diagnosis? specimen Was there an autopsy?

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) E. L. Miller, M. D.
(Address) 6032 Professional Bldg

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L. H. ...

GENERAL ...

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