SEP 21 1937

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

Do not use this space.

399

1002

29897

1. PLACE OF DEATH
County: Jackson
Township: Raw
City: K.C. Mo (No. 4813 Mc Gee St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No.

2. FULL NAME: Charles F. Anderson
(a) Residence, No. 4813 McGee 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alma J. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May. 24-1869

7. AGE: YEARS 68 MONTHS 3 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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): Sweden

FATHER
13. NAME: Anders Esbjorn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): Harold Anderson 3420 Locust

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill Cem. DATE: Aug 28, 1937

19. UNDERTAKER (ADDRESS): A. P. Doehler 1415 East 15

20. FILED: Aug. 27, 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug-26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to Aug. 26, 1937. Last saw him alive on Aug 24, 1937. Death is said to have occurred on the date stated above, at 1:50 A.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Esophagus — Date of onset ?

46

Other contributory causes of importance:

Name of operation: gastrostomy Date of July 7
What test confirmed diagnosis? 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) J. W. Young, M. D.
(Address) 1401 S. M. Blvd. K.C.K.

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 INKPAD INK—THIS IS A PERMANENT RECORD

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Dr. J. H. Young
1401. S. H. Bldg
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