

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

Do not use this space.

JAN 15 1940

43588

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township Blue

Primary Registration District No. 5-5-54

City Stellhorn (No. 536)

File No. _____

Registered No. 379

St. _____ Ward _____

2. FULL NAME

Stellhorn Baby Anderson

(a) Residence, No. _____

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 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)

Stellhorn

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Stellhorn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 26, 1939

7. AGE

YEARS 0

MONTHS 0

DAYS 0

If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Stellhorn

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)

Independence Mo.

FATHER

13. NAME Wm J Anderson

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

Kansas City Kansas

MOTHER

15. MAIDEN NAME Oliver Mae Miller

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

Marion Kansas

17. INFORMANT (ADDRESS)

Mother - Overland Park Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Independence Mo. DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED

Dec 27, 1939

H. L. Cook
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Stellhorn, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Contracted pelvis infection do Cesarean section on account of early infection

Other contributory causes of importance:

None

Name of operation None Date of _____

What test confirmed diagnosis? None 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) Jesse Anderson MD

(Address) Independence Mo

M. D.

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.

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