

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.

JAN 19 1932

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

Do not use this space.

40205
40-1-10

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St Joseph Mo Primary Registration District No. 1004
City State Hosp # 2

File No. _____
Registered No. 1250
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Sherton Anderson Ward. Excelsior Springs Mo
(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. 7 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** widowed
5A. LE MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Anderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10 1850

7. AGE YEARS 81 MONTHS 9 DAYS 4 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Truss Man
(b) General nature of industry, business, or establishment in which employed (or employer) at Orlevoy
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

PARENTS
10. NAME OF FATHER Wm Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

14. INFORMANT Miss Bertrude Anderson
(Address) Excelsior Springs Mo.

15. FILED 15 1931 John R. Benders REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11th 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 7th 1931 to Dec 11th 1931
that I last saw him alive on Dec 11th 1931 and that death occurred, on the date stated above, at 7:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Arteriosclerosis
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 90%
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. P. Bunch M. D.
12/11/31 (Address) State Hospital # 2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Excelsior Springs Mo **DATE OF BURIAL** 12/12/1931

20. UNDERTAKER Atingle, Stoney & Co **ADDRESS** 208 20

2