FEB 20 1928

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

Do not use this space. 448

1. PLACE OF DEATH
County: Cass
Township: Grand River
City: Harrisonville (No. ..... St. ..... Ward)
Registration District No.: 156
Primary Registration District No.: 4090
File No.:
Registered No.: 7

2. FULL NAME: Manson Martin Anthony

(a) Residence. No. ..... St., ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 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: Laura B. Anthony

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 17 1861

7. AGE: Years 66 | Months 7 | Days 5 | If less than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Section foreman
(b) General nature of industry, business, or establishment in which employed (or employer): M. P. Ry Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): New Madrid
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Rev. M R Anthony
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co. Ohio
12. MAIDEN NAME OF MOTHER: Mary Rigdon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co. Ohio

14. INFORMANT: J T Anthony
(Address): 1334 W Park Richmond Mo

15. FILED: Jan 28 1928 D S Long, REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1928, to Jan 22 1928, that I last saw him alive on 1-22-28, 1928, and that death occurred, on the date stated above, at 11:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture to base of skull from Accidental fall

A. (Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 185
(Duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) David P. Long, M. D
Jan 28 1928 (Address) Harrisonville Mo

*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: Horton Mo.
DATE OF BURIAL: Jan 23 1928
20. UNDERTAKER: Runnenburger Bro
ADDRESS: Harrisonville Mo.

Dr. Long

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state ACTS should be stated EXACTLY.