

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

Do not use this space.

22959

1. PLACE OF DEATH

County Dallinger
Township Liberty
City Lutesville (No.)

Registration District No. 67
Primary Registration District No. 3704

File No.
Registered No. 16
St. Ward)

2. FULL NAME

Anderson Cleminger

(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 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)

Widow

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

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

Feb. 11 - 1850

7. AGE

YEARS

MONTHS

DAYS

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

78

4

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN; (STATE OR COUNTRY)

North Carolina

10. NAME OF FATHER

Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN; (STATE OR COUNTRY)

Don't Know

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; (STATE OR COUNTRY)

Don't Know

14.

INFORMANT

(Address)

Dore Cleminger

Lutesville

15.

FILED

Aug 9th 1928

G. B. Sanders

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 9 1928

17.

I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 9, 1928, that I last saw him alive on July 9, 1928, and that death occurred, on the date stated above, at a m. e.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Indigestion

1186

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...

8

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. A. Amburg, M. D.

, 19 1928 (Address) Marble Hill 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

DATE OF BURIAL

Corn Creek

July 14 1928

20. UNDERTAKER

ADDRESS

A. J. Baker

Lutesville

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.

