

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

Do not use this space.

1. PLACE OF DEATH

County.....*Linn*.....
Township.....*Monroe*.....
City.....*Sudlow*..... (No. St. Ward)

Registration District No.....*576*.....
Primary Registration District No.....*Monroe*.....

File No.....*10924388*.....
Registered No.....*10*.....

2. FULL NAME.....*Thomas Ardrey*.....

(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 *40* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX.....*M.*..... 4. COLOR OR RACE.....*wh.*..... 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word).....*Married.*.....

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....*Minnie S. Ardrey*.....

6. DATE OF BIRTH (MONTH, DAY AND YEAR).....*Jan 22, 1861*.....

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 5 14

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).....*Missouri.*.....
(STATE OR COUNTRY)

10. NAME OF FATHER.....*John R. Ardrey*.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....*North Miss.*.....
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER.....*Margaret Schultz*.....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....*South Miss.*.....
(STATE OR COUNTRY)

14. INFORMANT.....*Mrs. Tom Ardrey*.....
(Address).....*Sudlow Mo*.....

15. FILED.....*7/19, 1928*.....*Geo. Moore*..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR).....*July 6, 1928*.....

17. I HEREBY CERTIFY That I attended deceased from.....*March 1*.....
....., 19....., to.....*July 6,*....., 19.....
that I last saw h..... alive on.....*July 6,*....., 19....., and that death occurred, on the date stated above, at.....*2:30 p.m.*.....

THE CAUSE OF DEATH WAS AS FOLLOWS:
*Abundant Coronary Arteriosclerosis
probably contributory*
59 B

CONTRIBUTORY.....*44*.....
(SECONDARY).....*none*.....
(duration).....*1 year*..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....*Place of death*.....
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?.....*No*..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....*No*.....

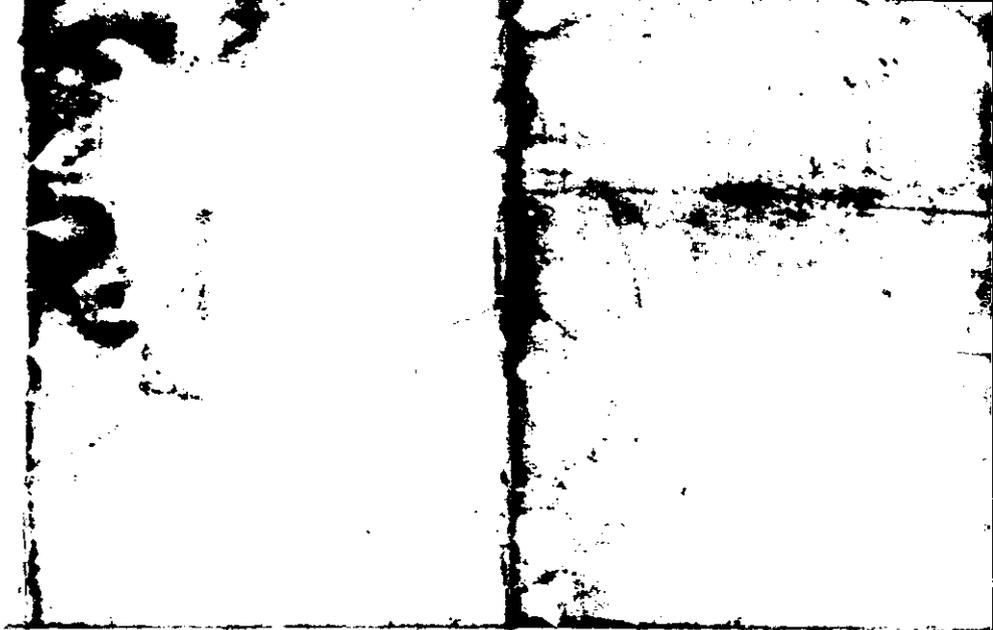
WHAT TEST CONFIRMED DIAGNOSIS.....*None*.....
(Signed).....*Geo. Moore*..... M. D.
.....*7/19, 1928*..... (Address).....*Sudlow Mo*.....

*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.....*Monroe Cemetery*..... DATE OF BURIAL.....*7/8 1928*.....

20. UNDERTAKER.....*B. F. Neal*..... ADDRESS.....*Blaymer*.....

PARENTS



**MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH,

County Livingston
Township Monroe
City..... (No.....)..... St. Ward)

Registration District No. 514
Primary Registration District No. 5683

File No. 109
Registered No.

2. FULL NAME

Thomas Ardrey

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 5 14

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED July 28 Ed. Morse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1928

17. I HEREBY CERTIFY, That I attended deceased from to
that I last saw him alive on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

..... (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (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)....., M. D.
, 19 (Address)

*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
..... 19

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

S-2438