

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

Do not use this space.

**22293**

1. PLACE OF DEATH  
 78 County Pemiscot Registration District No. 114  
 Township Butler Primary Registration District No. 5867  
 City Portageville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Carl Anglin  
 (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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-3-1928</u>		
7. AGE	YEARS	MONTHS
	<u>3</u>	<u>5</u>
		DAYS
		<u>6</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>	
	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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portageville Mo</u>	
	13. NAME <u>Claude Anglin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portageville Mo</u>	
	15. MAIDEN NAME <u>Stacy Stone</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portageville Mo</u>	
	17. INFORMANT (ADDRESS) <u>Claude Anglin</u> <u>Portageville</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Portageville Cemetery</u> DATE <u>6/10/31</u>		
19. UNDERTAKER (ADDRESS) <u>R. M. Payne</u> <u>Portageville Mo</u>		
20. FILED <u>7/1/31</u> <u>O. Cook</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9-1931

2. I HEREBY CERTIFY, That I attended deceased from 5/25, 1931, to 6/9, 1931  
 I last saw him alive on 6/9, 1931. Death is said to have occurred on the date stated above, at 11:25 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Material fever  
38  
38

Date of onset \_\_\_\_\_

Other contributory cause of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) R. M. Payne, M. D.  
 (Address) Portageville Mo.

JUL 27 1931  
 EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.  
 DEATH IN PLAIN TERMS SO THAT IT MAY BE PROPERLY CLASSIFIED.

