

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

Do not use this space.

31673

**1. PLACE OF DEATH**

County Johnson Registration District No. 431  
 Township Warrensburg Primary Registration District No. 3023  
 City Warrensburg (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME Thomas Cobb Lauderdale**

(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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Thomas Lauderdale</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9 1852</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>4</u>	DAYS <u>8</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>Retired Farmer</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	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15 1931

22. HEREBY CERTIFY, That I attended deceased from Aug 10th 1931 to Sept 15th 1931, 1931  
 I last saw him alive on Sept 15th 1931. Death is said to have occurred on the date stated above, at 11:50 AM  
 The principal cause of death and related causes of importance were as follows:

Cancer of stomach - Post mort  
bowel  
4619  
 Other contributory causes of importance:

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lafayette, Co. Missouri</u>
	13. NAME <u>Wm. Lauderdale</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nashville, Tennessee</u>
	15. MAIDEN NAME <u>Sofa Cobb</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
	17. INFORMANT <u>James Lauderdale</u> (ADDRESS) <u>Wellington, Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sun Set Hill</u> DATE <u>Sept. 17 1931</u>
	19. UNDERTAKER <u>R. O. Phillips</u> (ADDRESS) <u>Warrensburg, Mo.</u>
	20. FILED <u>Sept 16 1931</u> <u>M. D. Hatterson</u> Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? NO  
 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? NO  
 If so, specify \_\_\_\_\_  
 (Signed) D. S. Baal, M. D.  
 (Address) Warrensburg, Mo.

1911

**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

31672

**1. PLACE OF DEATH**

County Johnson Registration District No. 431 File No. ....  
 Township Warrensburg Primary Registration District No. 3023 Registered No. ....  
 City Warrensburg No. .... St. .... Ward)

**2. FULL NAME**

Thomas Cobb Lauderdale  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M  
(Usual place of abode)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9 1852  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

**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 19 June 1st 1900 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15 1900

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

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Carcinoma of stomach and bowels  
 (duration) ..... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN ANESTHETIC.....  
 WHAT TEST CONFIRMS 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

20. UNDERTAKER ADDRESS

SUPPLEMENTARY  
 PUBLIC HEALTH DEPARTMENT  
 MISSOURI STATE BOARD OF HEALTH

S-31673