

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

Do not use this space.

35008

1. PLACE OF DEATH
 County Madison Registration District No. 539
 Township Morganau Primary Registration District No. 4320
 City Morganau (No. _____) St. _____ (Ward _____)

2. FULL NAME Almus Underwood
 (a) Residence No. Morganau 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1870 - Feb 7

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 ✓ 8 8

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Carpenter
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Coffeen
 (STATE OR COUNTRY) Ill

10. NAME OF FATHER Matt Underwood

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

12. MAIDEN NAME OF MOTHER Emma Sinsy

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

14. INFORMANT Mrs Jane Underwood
 (Address) Morganau

15. FILED 10-27 1931 REGISTRAR M. Carr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1931, to Oct 15, 1931, that I last saw h. in alive on Aug 15, 1931, and that death occurred, on the date stated above at 6 P m. +

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of liver
452
97
450
From history of case (duration) yrs. 10 mos. ds.
 CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) yrs. 6 mos. ds.

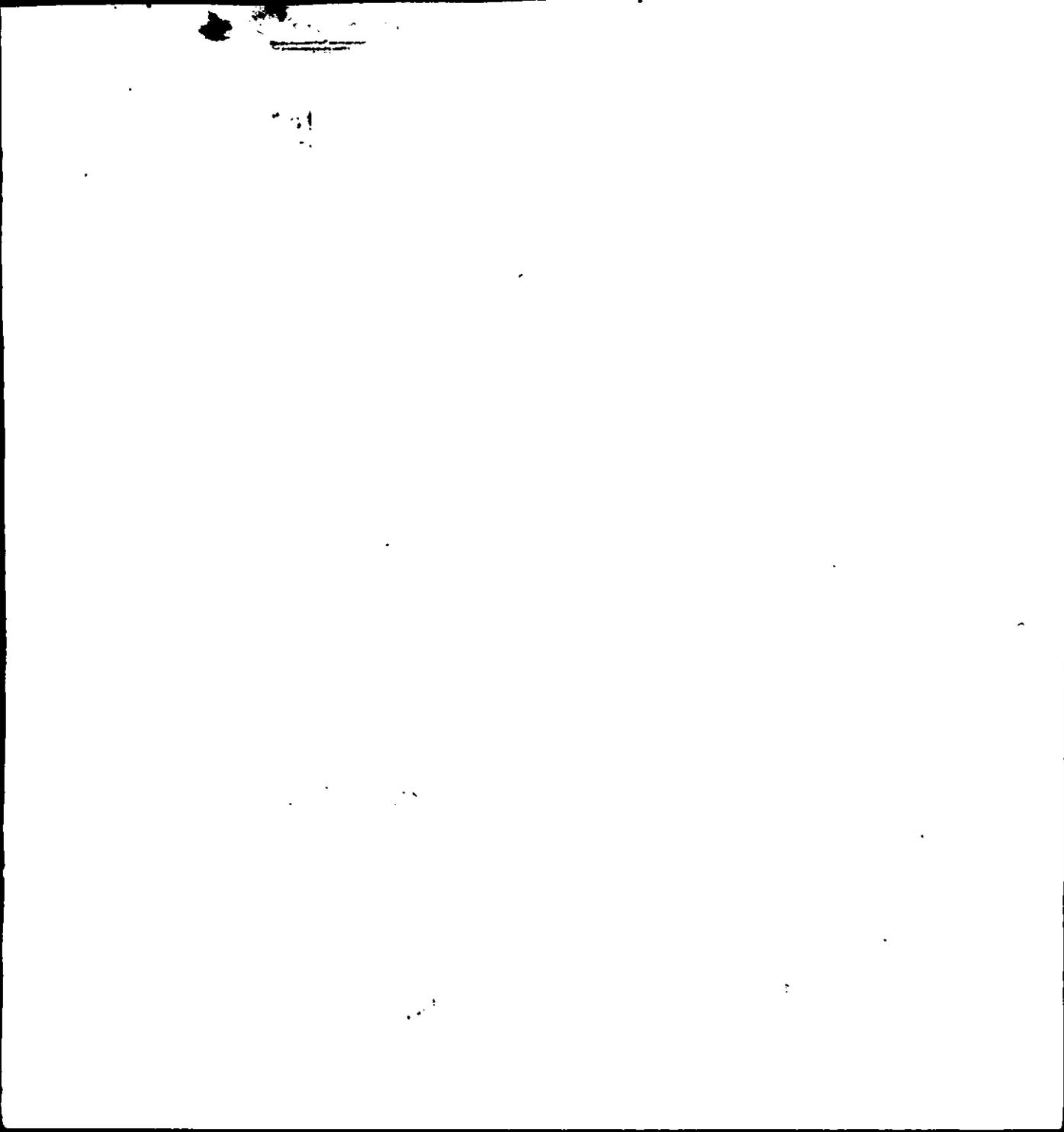
18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Harry Borden, M. D.
10-24, 1931 (Address) Fredericktown Mo

*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 2007 Cemetery Fredericktown DATE OF BURIAL Oct 16 1931

20. UNDERTAKER No undertaker ADDRESS _____

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison
Township _____
City Marquand (No. _____)

Registration District No. 539
Primary Registration District No. 4320

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Almiss Underwood

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 - 1931

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 - 1870

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ above, at _____ m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
X 60 X 8 8

The principal cause of death, and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation _____ Date of _____

13. NAME

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

15. MAIDEN NAME

Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury _____

PLACE _____ DATE _____ 19____

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER (ADDRESS)

If so, specify _____

(Signed) _____, M. D.

20. FILED 10/27 J. M. Carr

(Address) _____

Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE, AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-35008