

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.

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

Do not use this space.

1. PLACE OF DEATH

38 County GentryRegistration District No. 309

1 Township

Primary Registration District No. 4185

2 City

Albany (No. _____ St. _____ Ward _____)

2. FULL NAME

(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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mr. Dean Rice

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

July 31 - 1863

7. AGE

YEARS

MONTHS

DAYS

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

68612

OCCUPATION

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

Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Tin shop 93

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

Bethany Mo. 1

MOTHER FATHER

13. NAME

Jacob Anslyn 20

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

West Indianapolis Ind.

15. MAIDEN NAME

Kathern Bamhart

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

Iowa?

17. INFORMANT (ADDRESS)

Mrs. N. S. Anslyn Albany Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Highland Feb. 14 1932

19. UNDERTAKER (ADDRESS)

A. T. Bays Albany Mo.

20. FILED

Feb. 15 1932 W. G. Masher

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from

1-14 1932, to 2-12 1932I last saw him alive on 2-12 1932 Death is saidto have occurred on the date stated above, at 2 a.m.

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

Myocarditis
93C
9310
9310Date of onset
2 years
before

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____Where did injury occur? 6 (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) Frank H. Rose, M. D.(Address) Albany Mo.

