

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

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Do not use this space.

17658

1. PLACE OF DEATH

County **Pettis**
Township
City **Sedalia**

Registration District No.
Primary Registration District No. **3032**
(No. **Bothwell Hosp.**)

File No. **166**
Registered No. **668**
St. _____ Ward _____

2. FULL NAME

David Anton

(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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 9 1934**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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 _____

Sedalia Mo.

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

FATHER 13. NAME **Fred Anton Jr.**

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

MOTHER 15. MAIDEN NAME **Lila Tuloar**

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

17. INFORMANT **Fred Anton Jr.**
(ADDRESS) **Sedalia Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Crown Hill** DATE **May 10 1934**

19. UNDERTAKER **Gillespie Funeral Home**
(ADDRESS) **Sedalia Mo.**

20. FILED **5-10-1934 Jean Slack**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 9/34** 19

22. I HEREBY CERTIFY, That I attended deceased from

5/9/34, 19 **34** **5/9/34**, 19 **34**
I last saw him alive on **5/9**, 19 **34** Death is said to have occurred on the date stated above, at **3:00** m.

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

1617
lived 10 minutes
after birth due to
leptosis from mother infection
of typhoid

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? **U** 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) **J. P. [Signature]**, M. D.
(Address) **Sedalia Mo.**

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.

JUN 25 1934

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