

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

County Cass
Township Grand River
City Harrisonville (No. _____)

Registration District No. 156
Primary Registration District No. 5219

File No. 32218
Registered No. 58
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred

Yrs. 2 mos. _____

ds. _____

How long in U. S., if of foreign birth?

Yrs. _____ mos. _____ ds. _____

Ward Kansas City Mo.
(If nonresident, give city or town and State)

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 Eva L. Anthony
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23-1871
7. AGE YEARS 63 MONTHS 6 DAYS 7 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)

Baptist Minister
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.
13. NAME David L. Anthony
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Rhama Duncan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT David L. Anthony (ADDRESS) Harrisonville Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Baptist DATE 9/3 19. UNDERTAKER Ross & Co. (ADDRESS) Harrisonville Mo.
20. FILED 9-30 194 A. S. Long Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1934, to Sept 30 1934
I last saw him alive on Sept 30 1934. Death is said to have occurred on the date stated above, at 3:15 P.M.

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

apoplexy
131
82 A
102
Other contributory causes of importance:
High Blood Pressure
and Chronic Nephritis

Name of operation none Date of _____
What test confirmed diagnosis Chronic 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? _____
(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) R. H. Owen M.D.
(Address) Harrisonville Mo.

