

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAR 27 1935

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

Do not use this space.

6034

1. PLACE OF DEATH
 County Madison Registration District No. 5-38
 Township _____ Primary Registration District No. 3028
 City Fredericktown (No. _____) St. _____ Ward _____

2. FULL NAME Albert Samasas Anthony
 (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.

File No. _____
 Registered No. 18

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20-1860

7. AGE YEARS 74 MONTHS 2 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Madison Co. Mo. (STATE OR COUNTRY)

FATHER
 13. NAME Josiah M. Anthony
 14. BIRTHPLACE (CITY OR TOWN) Madison Co. Mo. (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Sarah Ann Bennett
 16. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. A. D. Anthony (ADDRESS) Fredericktown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Christian Church DATE 2/25 1935

19. UNDERTAKER Ed. H. Webb (ADDRESS) Fredericktown Mo.

20. FILED 4-25 1935 S. C. B. Langhite Registrar. Fredericktown Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1935 to 2-23 1935
 I last saw him alive on 2-23 1935 Death is said to have occurred on the date stated above, at 4:10 P. M.
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis with Arterio Scleroses Date of onset _____

131
 Other contributory causes of importance:
Cerebral paralysis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? NO
 If so, specify Harry Borron (Signed) _____ M. D.
 (Address) Fredericktown Mo.

Ray C. A. Schwank

