

DEC 30 1936

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

Do not use this space.

41880

1. PLACE OF DEATH

County Madison
Township St. Michael
City (No.)

Registration District No. 639
Primary Registration District No. 5723

File No.
Registered No. 90
St. Ward

2. FULL NAME

Elizabeth 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Sam Anthony

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 17

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

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) (STATE OR COUNTRY) Libertyville St. Francis Co Mo

13. NAME Harvey Lawrence

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

15. MAIDEN NAME Martha Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not know

17. INFORMANT (ADDRESS) Sam Anthony Fredricktown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredricktown DATE Nov 12 1936

19. UNDERTAKER (ADDRESS) Ed T. Webb Fredricktown

20. FILED Nov 11 1936 S. C. S. Langhale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1936 to Nov 10 1936

I last saw him alive on Nov 10 1936. Death is said to have occurred on the date stated above, at 3 a m.

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

Cerebral hemorrhage
arterio sclerosis with
Hypertension 1928

Other contributory causes of importance: arterio sclerosis with Hypertension

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?.....

If so, specify S. C. S. Langhale M. D.

(Signed) S. C. S. Langhale (Address) Fredricktown

By C. F. Schwank

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.

