

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.

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JUL 31 1937

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

Do not use this space.

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1. PLACE OF DEATH

County St. Francois
Township St. Francois
Flat River (No. _____)

Registration District No. 224
Primary Registration District No. 4465

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-28-1881
7. AGE YEARS 55 MONTHS 6 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
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. laborer
10. Date deceased last worked at this occupation (month and year) 6-10-37 11. Total time (years) spent in this occupation 35
12. BIRTHPLACE (CITY OR TOWN) Madison Co (STATE OR COUNTRY) mo
13. NAME Joe S. Anthony
14. BIRTHPLACE (CITY OR TOWN) Madison Co (STATE OR COUNTRY) mo
15. MAIDEN NAME Nancy S. Green
16. BIRTHPLACE (CITY OR TOWN) Madison Co (STATE OR COUNTRY) mo
17. INFORMANT Rosa Anthony (ADDRESS) Flat River mo
18. BURIAL, CREMATION, OR REMOVAL Cremated (ADDRESS) Frederickville mo DATE 6-15 19
19. UNDERTAKER Caldwell Bros (ADDRESS) Flat River mo
20. FILED 7/7 1937 B. B. Barrard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 - 1937
22. I HEREBY CERTIFY That I attended deceased from 6-13-1937 to 6-13-1937
I last saw him alive on 6-13-1937 Death is said to have occurred on the date stated above, at 2 P. M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset _____
Other contributory causes of importance: 94B
Name of operation _____ Date of _____
What test confirmed diagnosis? exam Was there an autopsy? no

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 _____
(Signed) G. W. Gale M. D.
(Address) Boonville mo

