

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

Do not use this space.

OCT 22 1937

34855

1. PLACE OF DEATH

County New Madrid

Registration District No. 604

File No. 34855

Township New Madrid

Primary Registration District No. 4358

Registered No. _____

City New Madrid (No. _____)

St. _____ Ward _____

2. FULL NAME

Russell 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

✓

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

July 3-1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

2

25

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

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

New Madrid, Mo.

FATHER

13. NAME

Robert Anthony

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

Miss.

MOTHER

15. MAIDEN NAME

Otha Mae Waters

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

New Madrid, Mo.

17. INFORMANT (ADDRESS)

Viola Waters
New Madrid, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Madrid, Mo. DATE Sept 29, 1937

19. UNDERTAKER (ADDRESS)

Richmond Undertaking Co.
New Madrid, Mo.

20. FILED

10/9 1937 Mrs. O. Pearson

Registrar.

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

Sept 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept 28, 1937, to Sept 28, 1937

I last saw him alive on Sept 28, 1937. Death is said to have occurred on the date stated above, at 10 A.M.

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

Congenital Syphilis

Date of onset

Life

Other contributory causes of importance:

malnutrition

Name of operation

No

Date of _____

What test confirmed diagnosis

L.H.

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?

If so, specify _____

(Signed) Thomas C. McClure, M.D.

(Address) St. Louis, Mo.

