DEC 27 1937

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

Do not use this space.

42199

1. PLACE OF DEATH

County: Polk — Registration District No.: 702 — File No.: 19

Township: Madison — Primary Registration District No.: 4423 — Registered No.: 19

City: Fair Play (No. ..., ... St. ..... Ward)

2. FULL NAME: Thomas W Underwood

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

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: Ola Underwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 27 1876

7. AGE: YEARS 61 — MONTHS — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: School janitor
10. Date deceased last worked at this occupation (month and year): Oct 1937
11. Total time (years) spent in this occupation: 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fair Play Mo

FATHER

13. NAME: Wm Underwood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER

15. MAIDEN NAME: Martha Fox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Polk Co Mo

17. INFORMANT (ADDRESS): Mrs J P Akard

18. BURIAL, CREMATION, OR REMOVAL: Burial
PLACE: Akard Com — DATE: Nov 18 37

19. UNDERTAKER (ADDRESS): Frank W Barker

20. FILED: Nov 18 1937 L L Hunt, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Nov 17, 1937

I last saw him alive on Nov 17, 1937. Death is said to have occurred on the date stated above, at 2.45P m. M

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

	Date of onset
Carcinamata Left parotid gland	Jan 19 37

Other contributory causes of importance: None

Name of operation: None — Date of .....

What test confirmed diagnosis: Clinical — 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) Chas H Brown, M. D.
(Address) Fair Play Mo

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.