

JAN 21 1938

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

Do not use this space.

1. PLACE OF DEATH

 County Pemiscot
 Township Couthenille
 City Couthenille (No.

 Registration District No. 651
 Primary Registration District No. 4388

 File No. 46260
 Registered No. 127 St. _____ Ward _____

2. FULL NAME

 (a) Residence, No. West 15th St. _____ Ward _____
 (Usual place of abode)

 Length of residence in city or town where death occurred 5 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-5-1924</u>		
7. AGE <u>13</u>	YEARS <u>7</u>	MONTHS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School boy</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
10. Date deceased last worked at this occupation (month and year) <u>12-2-1937</u>		11. Total time (years) spent in this occupation <u>6</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Couthenille, Missouri</u>		
13. NAME <u>Thomas Anderson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
15. MAIDEN NAME <u>Geldie Dill</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT (ADDRESS) <u>Thomas Anderson, Couthenille, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Cemetery 12-2-1937</u>		
19. UNDERTAKER (ADDRESS) <u>Couthenille, Mo.</u>		
20. FILED <u>Dec. 10, 1937</u> <u>Ada Martin</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1-37
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1937, to Dec. 1, 1937
 I last saw him alive on Nov. 30, 1937. Death is said to have occurred on the date stated above, at 4:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Syphilis
 Date of onset
1933

Other contributory causes of importance:

 Name of operation _____ Date of _____
 What test confirmed diagnosis? none Was there an autopsy? Yes

 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) J. R. Pinion, M. D.
 (Address) Couthenille, 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.

