REC'D NOV 3 1938

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

Do not use this space.

36504

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. 808 W. 6th St. Ward)

Registration District No. 668
Primary Registration District No. 3032

File No. 305
Registered No. 668

2. FULL NAME Marcius S. Antes

(a) Residence, No. 808 W. 6th 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: 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 Louise

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 5, 1877

7. AGE: YEARS 61, MONTHS 0, DAYS 19. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. K. & T. RR Co.

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) Sedalia, Mo.

FATHER

13. NAME John Antes

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

MOTHER

15. MAIDEN NAME Lucy Dempsey

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

17. INFORMANT Mrs. Louise Antes
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Oct. 26 1938

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Missouri

20. FILED 10/26 1938 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1938, to Oct 24, 1938

I last saw him alive on Oct. 23, 1938. Death is said to have occurred on the date stated above, at 4:41 a.m.

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

Acute myocarditis with edema of lungs — Date of onset: Apr 2 1938

Other contributory causes of importance:

Hypertension.
Chronic nephritis

Name of operation none 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? no

If so, specify none

(Signed) [illegible], M. D.

(Address) Sedalia 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 6 1948

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 10/29/48