

REC'D MAR 15 1939

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

Do not use this space.

6635

1. PLACE OF DEATH

42 County Henry 2
4 Township Clinton
2 City Clinton Mo (No. 539)

Registration District No. 347Primary Registration District No. 3018

File No.

Registered No.

St. Ward)

2. FULL NAME

(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

3. SEX m 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 Margaret Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 12

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

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) Alabama13. NAME George Vanduyke14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Kross15. MAIDEN NAME Huldy Davis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee17. INFORMANT Margaret Vanduyke
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Eppleron City Mo DATE 2/19 3919. UNDERTAKER Spare & Son
(ADDRESS)20. FILED 2-27 39 Doc J R Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17 193922. I HEREBY CERTIFY, That I attended deceased from about 6 PM 1939, to 2-17 1939I last saw him alive on 2-17 1939 Death is saidto have occurred on the date stated above, at 9 A m.

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

Stokes Adang Syndrome with epileptiform attacks with urticarial lesions Malignant ulcers of tongue. Unclassified Date of onset

Other contributory causes of importance:

Name of operation Cholec Date ofWhat test confirmed diagnosis Cholec 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) E. D. Peabody M. D.313 (Address) Clinton 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

6638
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township Clinton Primary Registration District No. 3018 Registered No.
 (c) City Clinton (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Geo. Hughes Sandhuse

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>75</u>	MONTHS <u>9</u>
	DAYS <u>17</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1937, to, 1937

I last saw h. alive on, 19. Death is said to have occurred on the date stated above, at, m.

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

Stages Adams Syndrome with Epileptic attack, mitral and Carditis, malignant abdominal tumor or classified

Other contributory causes of importance

Name of operation Date of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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) Ed. C. Peelow, M. D.
(Address) Clinton

Local Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

