

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

Do not use this space.

30155

6. 1927

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township..... Primary Registration District No. 3018
 City Clinton (No.....) St. Ward)

File No.....
 Registered No. 113

2. FULL NAME Wm Rouse Anglin
 (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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha E Anglin
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 13 - 1856
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 2 12
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Benton Co - Mo

PARENTS
 10. NAME OF FATHER Phillip P Anglin
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Mo
 12. MAIDEN NAME OF MOTHER Mary Richardson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT Arthur Anglin (Address) Clinton Mo

15. Oct. 26 27 Dr. E. C. Peeler REGISTRAR
 FILED..... 1927 by DP

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/25 1927
 17. I HEREBY CERTIFY, That I attended deceased from 10/22 1927 to 10/25 1927 that I last saw him alive on 10/24 1927 and that death occurred, on the date stated above, at 11:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
old age
 CONTRIBUTORY old age (SECONDARY)
 (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) E. C. Peeler, M. D.
 , 19 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Clinton Mo 10/26 1927

20. UNDERTAKER ADDRESS
Sporeyson Clinton

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.

