

DEC 22 1930

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

Do not use this space.

38625

1. PLACE OF DEATH

County Johnson,
Township Montserrat,
City..... (No..... St..... Ward)

Registration District No. 431
Primary Registration District No. 0393

File No.....
Registered No.....

2. FULL NAME Rufus Penn Anthony,

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

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 OFMattie Anthony6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 2. 1853

7. AGE

YEARS

77

MONTHS

3

DAYS

17

If LESS than 1
day, hrs.
or min.

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)..... Iowa
(STATE OR COUNTRY)10. NAME OF FATHER Robert Anthony,11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Unk

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Unknown,
(STATE OR COUNTRY) Unknown,14. INFORMANT R. H. Anthony
(Address) Warrensburg, Mo15. FILED Nov 21, 1930 M. R. Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 19. 1930

17.

I HEREBY CERTIFY, That I attended deceased from
was not sick 19..... to deceased 19.....
that I last saw h. in about Oct 31, 1930, and that
death occurred, on the date stated above, at about 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tree fell on him while
chopping & killed him
instantly
short (duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

old age & nearly blind
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John T. Anderson M. D.
19..... (Address) Warrensburg 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
Ellis CemeteryDATE OF BURIAL
11/21/30
19.....

20. UNDERTAKER

ADDRESS

R. Q. Phillips, Warrensburg

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.

