

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

Do not use this space.

17759

1. PLACE OF DEATH

County Henry
Township
City Clinton (No.) St. Ward)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 63

2. FULL NAME

(a) Residence. No. Springfield - Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-6 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Beek Southat

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4 1870

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 9 2

2:30
2 0 0 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED conductor
(a) Trade, profession, or particular kind of work..... on Jersey Railroad
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

CONTRIBUTORY (SECONDARY) 2 0 0 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Fontana (STATE OR COUNTRY) Kansas

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER John R. Southat

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Giles Co (STATE OR COUNTRY) Virginia

19. WAS THERE AN AUTOPSY? no.

12. MAIDEN NAME OF MOTHER Anna Emmons

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) H. Spaulker Coroner M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Giles Co (STATE OR COUNTRY) Virginia

5-6 .1931 (Address) Clinton Mo

14. INFORMANT Mrs Harry Southat (Address) Springfield 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.

15. FILED 5/7 1931 W. E. C. Peeler REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL 5-8 1931

20. UNDERTAKER Shore & Son ADDRESS Clinton Mo

MAY 23 1931
Exact statement of OCCUPATION is very important.
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.

