

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.

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

Do not use this space.

1039

FEB 25 1935

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 5488
 City Clinton (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 88

2. FULL NAME

Thomas Anderson

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
<u>Don't know</u>		
		DAYS
		<input checked="" type="checkbox"/>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/29 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1929 to 11/24 1934.
 I last saw him alive on 1/14 1935 Death is said to have occurred on the date stated above, at Paris Snow.
 The principal cause of death and related causes of importance were as follows:

Cardiac Embolism
 Abscessed teeth

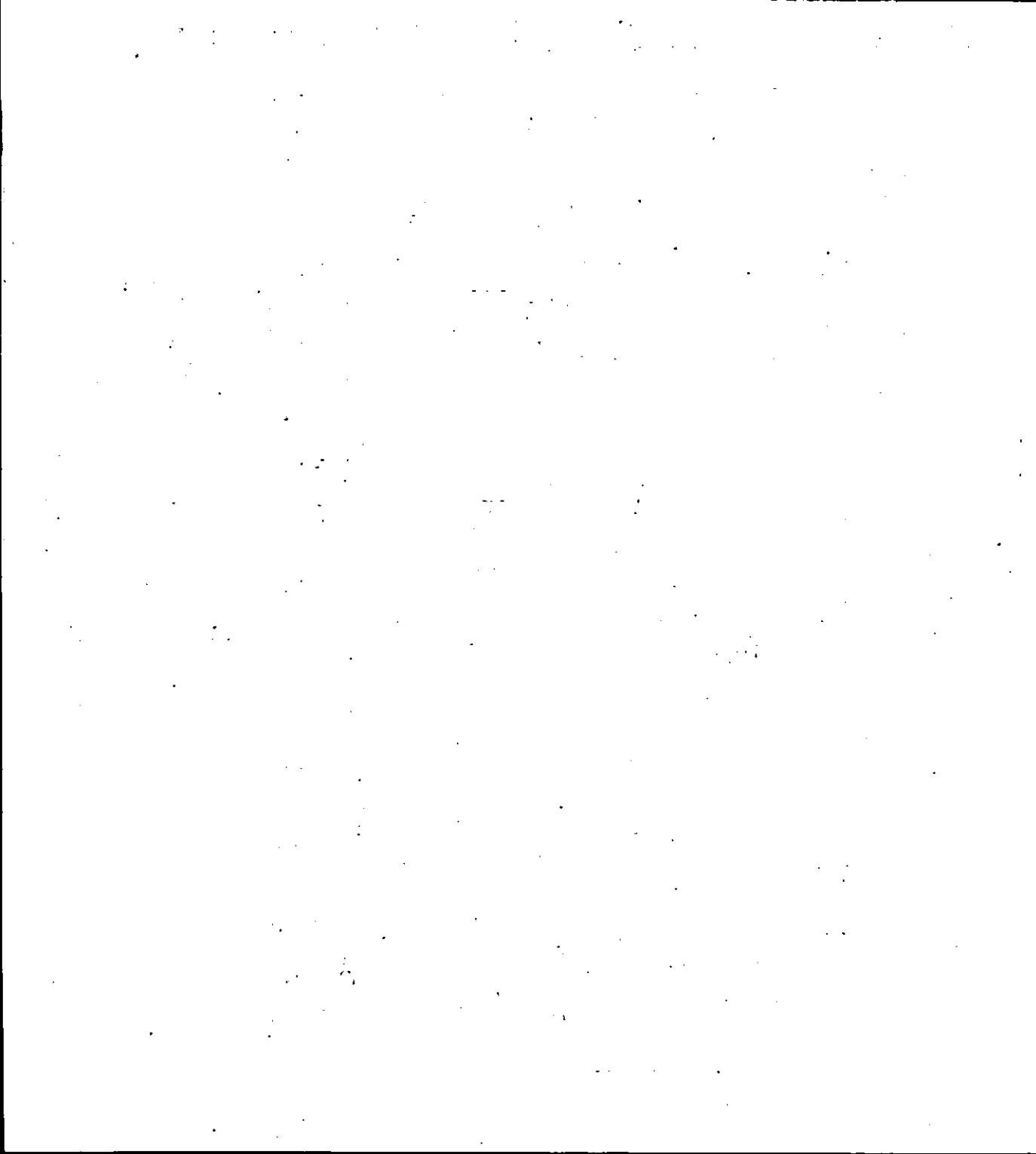
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	13. NAME <u>Unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	17. INFORMANT (ADDRESS) <u>Hayes Miller Page</u> <u>Clinton</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Englewood</u> <u>Jan 26 35</u>	
19. UNDERTAKER (ADDRESS) <u>James Samuel House</u> <u>Clinton Mo</u>	
20. FILED <u>7</u> 19 <u>35</u> <u>J. R. Hampton</u> Registrar	

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) R. S. Hallingworth, M. D.
 (Address) Clinton Mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

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

Registration District No. 347
Primary Registration District No. 5488

File No.....
Registered No. 88

2. FULL NAME

Thomas Anderson

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from

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

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

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

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 spent in this occupation.....

Other contributory causes of importance:
11582

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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

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)

MOTHER 15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury.....
Nature of injury.....

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE....., 19.....

19. UNDERTAKER (ADDRESS)

(Signed)....., M. D.
(Address).....

20. FILED 9 1935 J R Hampton
Registrar.

SUPPLEMENTARY

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

MAR 29 1985

1039