

JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 349
Township Deer Creek Primary Registration District No. 2487
City Clinton (No. RR) St. _____ Ward) _____

File No. 23821
Registered No. 13

2. FULL NAME Edward Douglas Ansell

(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 35 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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Angeline Ansell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-11-1851</u>		
7. AGE	YEARS	MONTHS
	<u>86</u>	<u>2</u>
		<u>23</u>
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 <u>1 1/2</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co., Mo.</u>		
13. NAME <u>Robert G. Ansell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co., Mo.</u>		
15. MAIDEN NAME <u>Douglas</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co., Mo.</u>		
17. INFORMANT <u>C. A. Ansell</u> (ADDRESS) <u>Clinton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>6-6</u> 19 <u>37</u>		
19. UNDERTAKER <u>Fred Wilkinson</u> (ADDRESS) <u>Clinton, Mo.</u>		
20. FILED <u>6-5</u> 19 <u>37</u> <u>Mrs. A. P. Gray</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4 1937

22. I HEREBY CERTIFY, That I attended deceased from pm 26 1937, to June 4 1937
I last saw him alive on June 4 1937. Death is said to have occurred on the date stated above, at 6:20 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage June 4/37
Date of onset _____

Other contributory causes of importance:
Chronic cardiovascular disease unknown

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

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

