G 30 1928

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

Do not use this space.

22795

1. PLACE OF DEATH
County Vernon
Township Osage
City Horton
Registration District No. 871
Primary Registration District No. 6155
File No.
Registered No. 10
(No. ..... St. ..... Ward)

2. FULL NAME Thomas Alexandrea Anthony
(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 17 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 Ida Anthony

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10-1848

7. AGE: 79 YEARS | MONTHS: 6 | DAYS: 5 | 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) D.R.
(STATE OR COUNTRY) Cedar Co Mo

PARENTS
10. NAME OF FATHER Manson Anthony
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.R.D.
(STATE OR COUNTRY) Jovon Co Ohio
12. MAIDEN NAME OF MOTHER Mary Rigdon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.R.
(STATE OR COUNTRY) Ohio

14. INFORMANT Ida Anthony
(Address) Horton Mo

15. FILED 6/16, 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1928

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1928, June 15, 1928 that I last saw him alive on June 14, 1928, and that death occurred, on the date stated above, at 8:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Cystitis
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Age & Enlarged prostate
(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? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) [signature], M. D
6/16, 1928 (Address) Metz, 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: Baltoun Cemet
DATE OF BURIAL: 6/17 1928

20. UNDERTAKER: Ferry Funeral Home
ADDRESS: Nevada

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.