

A. G. Anderson

REC'D APR 19 1938

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

10804
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 319
 (b) Township _____ Primary Registration District No. 2001 Registered No. 279
 (c) City Springfield Mo. (d) Street No. 723 St. Louis St St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 723 E St. Louis St. Springfield, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Hugh E Davis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 0 3
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Wife none
 9. Industry or business in which work was done, as 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) March 28, 1938
 I HEREBY CERTIFY, That I attended deceased from 3/24 1938, to 3/28 1938
 I last saw him alive on 3/24 1938. Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:
Central thrombosis
 Date of onset 3/24/38
 Other contributory causes of importance:
Reproductive Pneumonia
Bronchial

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

FATHER 13. NAME Joel R. Ricketts
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Margaret Thomas
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville Arkansas

17. INFORMANT (ADDRESS) Hugh E Davis, Springfield Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE 3/30 1938

19. FUNERAL DIRECTOR (ADDRESS) Fred C. Thiem, Springfield, Mo

20. FILED Mar 30 1938 Chas W. George Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) A. G. Anderson, M. D.
 (Address) 200 Rushing St.

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.

STATEMENT BY LICENSED EMBALMER

I, Fred C. Thelms, Licensed Embalmer No. 2899

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Fred C. Thelms

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Fred C. Thelms

Licensed Embalmer No. 2899

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)