

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**

PLACE OF DEATH
County Howey
Township _____ or Village _____ or City Clinton Mo (NO. 500, Fourth Street St. 4 Ward) Registration District No. 350 File No. 31276
Primary Registration District No. 3518 Registered No. 81
FULL NAME Angus Clark Avery (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>5 Apr 18</u> , 191 <u>1</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Jan. 26, 1836</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>8 Apr 14</u> , 191 <u>1</u> , to <u>8 Apr 18</u> , 191 <u>1</u> , that I last saw him alive on <u>8 Apr 16</u> , 191 <u>1</u> , and that death occurred, on the date stated above, at <u>11:29 a.m.</u>	
AGE <u>75</u> yrs. <u>7</u> mos. <u>23</u> ds. If LESS than 1 day, ___ hrs. or ___ min.?			The CAUSE OF DEATH* was as follows: <u>Idiocy & atrophy of heart</u> <u>9510</u> <u>same known</u> (Duration) ___ yrs. ___ mos. ___ ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>retired lawyer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>- ? - P.</u>			Contributory <u>"bad cold"</u> (Duration) ___ yrs. ___ mos. <u>4</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Howey Co Mo</u>			(Signed) <u>R. J. Mallis</u> M. D. <u>Apr 19</u> , 191 <u>1</u> (Address) <u>Clinton Mo</u>	
PARENTS	NAME OF FATHER <u>Howey Avery</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tenn.</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
	MAIDEN NAME OF MOTHER <u>Elizabeth Green</u>		Where was disease contracted If not at place of death? _____	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tenn.</u>		Former or usual residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Rhoda A. Avery</u> (ADDRESS) <u>Clinton Missouri</u> Filed <u>Sept 19</u> , 191 <u>1</u> <u>W. McShanland</u> REGISTRAR PLACE OF BURIAL OR REMOVAL <u>Englewood Clinton Mo</u> DATE OF BURIAL <u>Apr 20</u> , 191 <u>1</u> UNDERTAKER <u>J. S. Spore</u> ADDRESS <u>Clinton Mo</u>				