

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

Do not use this space.

28831

85

1. PLACE OF DEATH

County Buchanan Registration District No. 1001 File No. 9-33
Township St. Joseph Primary Registration District No. 1001 Registered No. 9-33
City St. Joseph (No. 1001) (Award)

2. FULL NAME

(a) Residence, No. Clayton Junior Van Gilder St. Union Star, Mo Ward Union Star, Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24 - 1927

7. AGE YEARS 6 MONTHS 7 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

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 2 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star, Mo.

MOTHER 13. NAME Paul C. Van Gilder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star, Mo.

15. MAIDEN NAME Melbyne Hubell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star, Mo.

17. INFORMANT (ADDRESS) Paul C. Van Gilder, Union Star, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE Sept 24, 1933

19. UNDERTAKER (ADDRESS) W. W. Wilson, Union Star, Mo.

20. FILED 9-22-1933 John R. Hendrix, Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1933, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:50 P.M.

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

Burn by electricity Date of onset _____
Acute

193 193

Other contributory causes of importance: none

Name of operation none 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? accident Date of injury 9/21, 1933

Where did injury occur? Union Star, Mo (Specify city or town, county, and State)

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

Manner of injury Burned by electricity
Nature of injury arm, leg & body burned

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify John Thomas Coroner
(Signed) 80 1/2 Giles
(Address)

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 very important.

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