

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 Howell

Township _____

or Village _____

or City Willow Springs Mo. (NO. _____)

Registration District No. 385

File No. 14224

Primary Registration District No. 4729

Registered No. 93

St. 1st Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Alfred G. Oarnum

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF DEATH April 7, 1911
(Month) (Day) (Year)

DATE OF BIRTH Sept 13, 1899
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 7, 1911, to April 7, 1911, that I last saw him alive on April 7, 1911, and that death occurred, on the date stated above, at 8:30 A.M.

AGE 11 yrs. 6 mos. 24 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____

Fractured skull from being dragged by a car. It was leaking to a certain extent 188' until about one hour after accident.
(Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE Lowell Ind.
(City or town, State or foreign country)

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.

NAME OF FATHER A. G. Oarnum

(Signed) H. J. Perme M. D.
4-8, 1911 (Address) Willow Springs Mo.

BIRTHPLACE OF FATHER Warrens Ind.
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER Annis Firth

*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 MOTHER N. Y.
(City or town, State or foreign country)

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death? _____

(Informant) A. G. Oarnum

Former or usual residence _____

(ADDRESS) Willow Springs Mo.

PLACE OF BURIAL OR REMOVAL City Cemetery DATE OF BURIAL 4-8, 1911

Filed April 8, 1911

UNDERTAKER Chas. Collins ADDRESS Willow Springs Mo.

REGISTRAR

