AY 25 1927

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

Do not use this space.

11048

1. PLACE OF DEATH

County Buchannan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 434

City St. Joseph (No. 8th and Atchison St. St. Ward)

2. FULL NAME Clyde F. Day.

(a) Residence. No. 2212 South 10th St. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. 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): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Day.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 10, 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
41	5	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Railraod Engineer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: C.B.& Q R.R.Co.

9. BIRTHPLACE (CITY OR TOWN): Melrose
(STATE OR COUNTRY): Iowa.

PARENTS

10. NAME OF FATHER: Oscar Day.

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): Indiana.

12. MAIDEN NAME OF MOTHER: Sarah Jones.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Melrose
(STATE OR COUNTRY): Iowa.

14. INFORMANT: Mrs Mary Day.
(Address): 2212 South 10th St.

15. FILED APR 26 1927 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 23, 19 27

17. I HEREBY CERTIFY, That I ~~attended the deceased from~~ Viewed. April 23, 1927, to ..., 19..., that I last saw him alive on ..., 19..., and that death occurred, on the date stated above, at 1 ? m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Traumatism Neck Broken by being struck by train wheel Passing over Neck no car (Accidental) (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Past findings History of accident

(Signed) Joe Mrs Coroner, M.D.

4-23, 1927 (Address) St Joseph 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: Melrose Iowa.

DATE OF BURIAL: April 26 19 27

20. UNDERTAKER: H O Sidenfader

ADDRESS: 1802 Union 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.