

MAY 27 1927

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

Do not use this space.

12029

## 1. PLACE OF DEATH

County Jackson

Township Oak Grove, Mo.

City

(No. ....)

Registration District No. 402

Primary Registration District No. 555-10-13

Oak Grove

File No. ....

Registered No. 4

St. ....

Ward) .....

## 2. FULL NAME Dont know

(a) Residence. No. Dont know

St. ....

Ward. ....

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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)

Dont know

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

Dont know

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1887

## 7. AGE

40, about

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

## 8. OCCUPATION OF DECEASED Laborer

(a) Trade, profession, or particular kind of work

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

(c) Name of employer Dont know

## 9. BIRTHPLACE (CITY OR TOWN) Dont know

(STATE OR COUNTRY) Dont know

## 10. NAME OF FATHER Dont know

Dont know

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont know

(STATE OR COUNTRY) Dont know

## 12. MAIDEN NAME OF MOTHER Dont know

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know

(STATE OR COUNTRY) Dont know

## 14.

INFORMANT

(Address)

C.D. Carson &amp; Son

Independence, Mo.

## 15.

FILED

Apr. 15 1927

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1927

17.

I HEREBY CERTIFY That I attended deceased from

that I last saw h. .... alive on ..... 19....., and (that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Accidental - Multiple  
Injuries - R-R  
Traumatism  
3:07 PM

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF .....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Ernest Nelson, M. D.

4-3-1927 (Address) Deputy coroner

\*State the DISEASE CAUSING DEATH or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

Woodlawn Cem. #14 1927

C.D. Carson &amp; Son Independence, Mo.

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.

TICKET, WITH UNPAID INK—THIS IS A PERMANENT RECORD

Name, Residence & occupation unknown.  
Height 5ft 9in. Dark brown eyes and hair.  
Full set of teeth, Weight 160 lbs.  
No marks of identification.  
Left leg cut off below knee.  
some scratches on left arm and right foot.

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson

Registration District No. 4021

File No. ....

Township Oak Grove

Primary Registration District No. 555112

Registered No. 4

City Don't know

St. .... Ward)

**2. FULL NAME** Don't know

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

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Mar

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED June 17 1927 A. J. Mann REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 3 1927

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., (that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Accidental multiple injuries to C. Mandrake  
No automobile involved  
Stepped voluntarily from train  
While in motion, just out of town Oak Grove, Jackson County, Mo.

CONTRIBUTORY (SECONDARY) Side town Oak Grove, Jackson County, Mo.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) ..... M. D. , 19 (Address)

\*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

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

UNFADING INK--THIS IS A PERMANENT RECORD

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.

SUPPLEMENTAL

188W

62021-5