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

Do not use this space.

File No. 31345

Registered No. 43

1. PLACE OF DEATH

County: St. Genevieve — Registration District No. 780

Township: St. Genevieve — Primary Registration District No. 6025

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Not Known

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	not known

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 40	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Not Known
(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) Not Known

PARENTS

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

14. INFORMANT John Basler
(Address) St. Genevieve Mo

15. FILED Oct 16, 1927. T. W. Douglas, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

Found

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15 — 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:
Rifle drowning in the Mississippi River
Verdict of Jury (Accidental)
183 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 184 (duration) ..... yrs. ..... mos. ..... ds.

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) John Basler Coroner
Oct 15, 1927 (Address) St. Genevieve 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	DATE OF BURIAL
City Cemetery	Oct 16-1927
20. UNDERTAKER	**ADDRESS**
John Basler	St. Genevieve 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.