

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

Do not use this space.

MAR 16 1928

4170

1. PLACE OF DEATH

County Buchanan Registration District No. 86
Township Washington Primary Registration District No. 5127
City St. Joseph, Mo. (No. Claire, Missouri) St. _____ Ward _____

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

George Benjamin Franklin Middaugh
(a) Residence. No. Claire, Missouri St. _____ Ward. Claire, Missouri
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 7 mos. 3 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) July 19, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 | 7 | 3 | — | — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labourer 1886
(b) General nature of industry, business, or establishment in which employed (or employer) Fairmont 1942
(c) Name of employer M J Hall

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Walter Middaugh

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

12. MAIDEN NAME OF MOTHER Elizbeth Bree

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

14. INFORMANT Walter Middaugh
(Address) Bellville, Kansas

15. 2-25-28 J. W. Mays
Filer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) February 22, 1928
17. Deceased
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 11:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of skull, caused by fall from bridge
Probably accidental
Contributory was walking upon the highway in a terrific wind storm.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) J. W. Mays, M.D. M. D.
2-25-28 (Address) St. Joseph, Mo. (my office)

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery DATE OF BURIAL 2-26-1928

20. UNDERTAKER Fleming Funeral Home ADDRESS 1208 Francis

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.

