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

Do not use this space.

17721

1. PLACE OF DEATH
County Livingston — Registration District No. 5-08
Township — Primary Registration District No. 3026
City Chillicothe, Mo. (No. ..... St. ..... Ward)

File No. .....
Registered No. 59-

2. FULL NAME Fred Rall
(a) Residence. No. 227 Sidney, St. Louis, Mo. 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. 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) March 26, 1910.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
18	2	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Machinist — 207G 207M
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer: American Car Foundry

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

PARENTS

10. NAME OF FATHER: Fred Rall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Annie Bruchasky
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Waterloo, (STATE OR COUNTRY) Illinois

14. INFORMANT Fred Rall
(Address) 227 Sidney, St. Louis, Mo.

15. FILED 5-28, 1928 Ruthen Bonney REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27th, 1928.

17. I HEREBY CERTIFY That I attended deceased from Did not attend deceased, 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 12:~~03~~10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Fractured skull accident caused by being crushed in railway coal car ~~[illegible]~~ - Died instantly (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1880
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A. Collier Coroner, M. D.
5/27, 1928 (Address) Chillicothe, 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: St. Paul Churchyard, St. Louis, Mo.
DATE OF BURIAL: May 30, 1928.

20. UNDERTAKER: R. M. Marshall
ADDRESS: Chillicothe, 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.