

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

Do not use this space.

29569

1. PLACE OF DEATH

County, Webster
Township, Penley
City, _____ (No. _____)

Registration District No. 897
Primary Registration District No. 6701

File No. _____
Registered No. 29
St. _____ Ward _____

2. FULL NAME

Not known

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

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.
about 40

8. OCCUPATION OF DECEASED

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

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 Chas Martin, Coroner
(Address) marshfield Mo

15.

FILED Aug 29 1928 L. R. Watson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1928

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:

Evidently Killed in right by Frisco Train - Body badly mangled & buried in tank near cattle pen at 7 P.M. by G. L. Galt. Sec. near _____

CONTRIBUTORY (SECONDARY)

2.07 M (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Chas Martin, Cor M. D.
8/29 1928 (Address) marshfield 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

Masonic Cemetery 8-29 1928

20. UNDERTAKER

L. R. Watson Seppert 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.

27 1928

