

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

Do not use this space.

1. PLACE OF DEATH

County *Washington*

Township *Union*

City

Registration District No. *887*

Primary Registration District No. *6182*

(No. _____)

File No. *35882*

Registered No. *93*

St. _____

Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____

(Usual place of abode)

Ward _____

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Lucy Soeder

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

4-8-1861

7. AGE

YEARS *67*

MONTHS *6*

DAYS *12*

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

Laborer

(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)

Washington County Mo

10. NAME OF FATHER

Antoin Soeder

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Washington Co. Mo

12. MAIDEN NAME OF MOTHER

Phelia Boyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Washington Co. Mo.

14.

INFORMANT

(Address)

*Lucy Soeder
Caled Mo.*

15.

FILED

*10/16, 1928 Jos. L. Thurman
REGISTRAR*

MEDICAL CERTIFICATE OF DEATH

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

10/15 1928

17.

I HEREBY CERTIFY, That I attended deceased from *10/13*, 1928, to *10/15*, 1928, and that I last saw him alive on *10-13-28*, and that death occurred, on the date stated above, at *10.30 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Fracture of skull and
Internal injuries.*

2:17 PM

2:22 PM

(duration) yrs. _____ mos. _____ ds. _____

CONTRIBUTORY (SECONDARY) *Struck by train at crossing while driving wagon. accidently.*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Phy. Exam*

(Signed) *Joseph L. Thurman, M. D.*

10/16, 1928 (Address) Potosi, 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

Old Mines Mo.

10/17 1928

20. UNDERTAKER *J. Boyer & Son.*

ADDRESS

Potosi 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.

