

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

Do not use this space.

36160

1. PLACE OF DEATH

County Buchanan
Township St. Joseph, Mo.
City St. Joseph, Mo. (No. House Hospital)

Registration District No. 85
Primary Registration District No. 1001

Folio No. _____
Registered No. 1345
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode) Arke, Missouri
(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 | **4. COLOR OR RACE** | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word)

Male | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 19, 1874

7. AGE YEARS MONTHS DAYS | **IF LESS than 1 day, _____ hrs. or _____ min.**

54 | 0 | 8

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ogle County
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER John Wendle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shaville County
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Mary Croft

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shaville County
(STATE OR COUNTRY) Virginia

14. INFORMANT W. S. Wendle
(Address) Arke, Missouri

15. FILED NOV 26 1928
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from viewed
Nov 27, 1928, to _____, 19____,
that I last saw him _____ alive on _____, 19____, and that
death occurred, on the date stated above, at _____ 3:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured skull 208 M
due to automobile
accidental collision with
st car. (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) St Joseph, Mo
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1880

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) B. W. Tadlock-Coroner, M. D.

11/27, 1928 (Address) St Joseph 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**

Arke, Missouri | Nov. 28, 1928

20. URDERTAKER | **ADDRESS**

Fleeman Funeral Home | 1208 Francis

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.

THIS IS A PERMANENT RECORD

428

