

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

Do not use this space.

3303  
24889

**1. PLACE OF DEATH**

County Jackson Registration District No. 1002  
Township Staw Primary Registration District No. \_\_\_\_\_  
City Hannas City (No. General Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 1125 So Pearl St., \_\_\_\_\_ Ward. Indep. Mo  
(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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
21 6 24

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Truck Driver  
(b) General nature of industry, business, or establishment in which employed (or employer) Greator Trans Co  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stewartsville Missouri

10. NAME OF FATHER Quincy Rollett

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

12. MAIDEN NAME OF MOTHER Beird Clark

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

14. INFORMANT (Address) Quincy D Rollett 904 Cedar Ave

15. FILED 8/1 1929 M. M. Crowe REGISTRAR  
asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/31 1929

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 4:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Homicide, gun arm  
1929

CONTRIBUTORY (SECONDARY) Shot by officer (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? ye

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) Harley M. Hagle M. D.  
8/1 1929 Deputy Coroner

\*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 Stewartsville Mo DATE OF BURIAL 8/1 1929

20. UNDERTAKER W. Larson & Son ADDRESS Indep. Mo  
145 Geo. E. Carson.

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.

