

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

Do not use this space.

33277

**1. PLACE OF DEATH**

County Liberty Registration District No. 201  
Township Liberty Primary Registration District No. 2012  
City Liberty No.      Ward     

File No.       
Registered No. 88 St.      Ward     

**2. FULL NAME**

(a) Residence. No. Fleet Hudson Palmer St.      Ward       
(Usual place of abode) North Water St. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 3 yrs. 3 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** Single  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**     

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Dec. 7-1911

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>17</u>	<u>10</u>	<u>19</u>	

**8. OCCUPATION OF DECEASED**  
(a) Trade, profession, or particular kind of work School Boy  
(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)** Jonesburg, Mo.

**10. NAME OF FATHER** Fleet Palmer  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Minneapolis, Mo.  
**12. MAIDEN NAME OF MOTHER** Grace Hudson  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Warren Co. Mo.

**14. INFORMANT (Address)** Fleet Palmer  
Liberty - Mo

**15. FILED** 11/10/29 W. H. Hudson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct. 26, 1929  
**17. I HEREBY CERTIFY, That I attended deceased from** Oct 3, 1929, to Oct 26, 1929  
**that I last saw deceased alive on** Oct 26, 1929, and that death occurred, on the date stated above, at 7:40 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Accidental, Fall in gymnasium  
Fracture Cervical Vertebra  
evulsion spinal cord (duration) yrs. mos. 24 ds.

**CONTRIBUTORY (SECONDARY)** 186 A  
(duration) yrs. mos. 19 ds.

**18. WHERE WAS DISEASE CONTRACTED** 185  
IF NOT AT PLACE OF DEATH     

**19. DID AN OPERATION PRECEDE DEATH? DATE OF**       
**20. WAS THERE AN AUTOPSY?** 146

**WHAT TEST CONFIRMED DIAGNOSIS?**  
(Signed) Benton Malby, M.D.  
Oct 26, 1929 (Address) Liberty 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** Jonestown, Mo  
**DATE OF BURIAL** 10/29/29

**21. UNDERTAKER** Church - Archer Co  
**ADDRESS** Liberty Mo

