

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

Do not use this space.

33917

**1. PLACE OF DEATH**

County Jackson  
Township Ram  
City R. C.

Registration District No. 399  
Primary Registration District No. 1002  
(No. Missouri Pacific Tracks & Garland St. Ward)

File No. 4270  
Registered No. 4270

**2. FULL NAME**

Unknown man

(a) Residence. No. Unknown 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Ma</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>unknown</u>		
7. AGE	YEARS	MONTHS
<u>about 50</u>	<u>years</u>	
8. OCCUPATION OF DECEASED		DAYS
(a) Trade, profession, or particular kind of work		If LESS than 1 day, ..... hrs. or ..... min.
<u>unknown</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
<u>unknown</u>		
(c) Name of employer		
<u>unknown</u>		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Stanley M. Hael, Reg. Cor.  
(Address) Argyle 2509

15. FILED 10/22 1929 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-6 1929

17. I HEREBY CERTIFY, That I attended deceased from                     , 1929, to                     , 1929, and that I last saw h.                      alive on                     , 1929, and that death occurred, on the date stated above, at                      m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
accidental Rail Road Foundation R.C. Mo  
207 (duration) ..... yrs. .... mos. .... ds.  
CONTRIBUTORY Ran over by Mc Pacific  
(SECONDARY) train (duration) ..... yrs. .... mos. .... ds.

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 history of fracture  
(Signed) Stanley M. Hael, M. D.

10/6, 1929 (Address) Reg. 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 DATE OF BURIAL  
Maple Hill Cem. original Oct 22 1929

20. UNDERTAKER ADDRESS  
P. B. Zapetina R. C. Mo.

COPY PLAINLY, WITH UNFADING INK-- A PERMANENT

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....

Registration District No. 399

File No. ....

Township X City

Primary Registration District No. 1082

Registered No. 4370

City X City (No. ....) St. .... Ward)

**2. FULL NAME**

Unknown man

(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. 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) unk.

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.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work  
(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)

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 (Address)

15. FILED 10/22/29 m. m. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 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 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Accidental railroad transportation involved in car over by Memphis train, Ke Mo

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH  
WAS THERE AN AUTOPSY  
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Matley M. Hall M. D.  
19 (Address) 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 DATE OF BURIAL 19

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

COPIES PAID FOR, WITH UNFADING INK--THIS IS A PERMANENT RECORD

K. B. 15-27-29 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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