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

Do not use this space.

38650

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11054

City ..... (No. ~~Ex Hunt~~ Frisco Hospital St. ..... Ward)

2. FULL NAME Lattie Thayer

(a) Residence. No. McBride Mo St., 12 Ward. McBride 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
Abaw	47			

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

PARENTS

10. NAME OF FATHER Unk

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

12. MAIDEN NAME OF MOTHER Unk

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

14. INFORMANT Elza Thayer
(Address) 727 N. Spring

15. FILED Nov 12, 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11 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 3 50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Shock & Injuries Internal received when struck by a Frisco train near McBride Mo (duration) 11-11-29 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Whether Criminal or Accidental Caused (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED No automobile ascertained by Jury
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) John Hurley M. D.
11/12, 1929 (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
McBride Mo	11/14 1929
20. UNDERTAKER	**ADDRESS**
Zugenheim Bros 2623	Cherokee

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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