

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

Do not use this space.

**2150**

**1. PLACE OF DEATH**

County Peru

Registration District No. 653

File No. ....

Township Concord

Primary Registration District No. 5865

Registered No. 11

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

**2. FULL NAME**

(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**

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**

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

Not Known

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

about 60

**8. OCCUPATION OF DECEASED**

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

Fisherman

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

(c) Name of employer

self

**9. BIRTHPLACE (CITY OR TOWN)**

Not Known

(STATE OR COUNTRY)

Not Known

**10. NAME OF FATHER**

Not Known

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Not Known

(STATE OR COUNTRY)

Not Known

**12. MAIDEN NAME OF MOTHER**

Not Known

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Not Known

(STATE OR COUNTRY)

Not Known

**14. INFORMANT**

(Address)

Lucy Bush  
Hayti, Mo.

**15. FILED**

1-24-30 J. H. Johnson

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 1-24-1930

**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..... H. P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Guns shot, shot gun, under  
left arm, murdered, sub  
found dead about nine P.M.  
by persons unknown to the  
persons living

CONTRIBUTOR (SECONDARY)

173 (duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James B. Vickrey (Coroner) M. D.

1-26-1930 (Address) Braggadocio, 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**

dry burial in casket 1-27-1930

**20. UNDERTAKER**

**ADDRESS**

Heugh Harris Hayti, Mo.

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.

