

APR 23 1930

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

Do not use this space.

7790

## 1. PLACE OF DEATH

County BuchananRegistration District No. 85File No. 333

Township

Primary Registration District No. 1001Registered No. 333City St. Joseph Mo. (No. Missouri Methodist Hospital Ward)

## 2. FULL NAME

(a) Residence No. Clarence Guy St. Sumner, Ind.

(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)

Unknown

7. AGE

YEARS

MONTHS

DAYS

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

23 Unknown

8. OCCUPATION OF DECEASED

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

Unknown

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

14. INFORMANT

Hospital Records

Address

State Hospital #2

15. FILED

MAR 15 1930

John E. Jtz

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12, 193017. I HEREBY CERTIFY, That I viewed on Viewed onthat I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 2:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Fractured pelvic bones and ruptured bladder in Railroad accident on Burlington railroad near St Joseph Mo.CONTRIBUTORY (SECONDARY) 207G 207M none

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

/ DID AN OPERATION PRECEDE DEATH? yes DATE OF 3/11, 30WAS THERE AN AUTOPSY? yesWHAT TEST CONFIRMED DIAGNOSIS? Autopsy(Signed) R. W. Tallock Coroner, M. D.3/14, 1930 (Address) St Joseph 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

Sumner, Indiana March 15, 1930

20. UNDERTAKER

ADDRESS

Eleman Funeral Home 1946 Calhoun

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.

...XHXH... berats  
...S...  
...S...

...S...  
...S...  
...S...

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.  
 County Buchanan Registration District No. 85 File No. ....  
 Township ..... Primary Registration District No. 1001 Registered No. 833  
 City St. Joseph (No. ....) St. .... Ward)

2. FULL NAME Clarence Guy  
 (a) Residence No. 9 St. 9 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 8-  
(write the word)

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 9-15-38 John G. Giff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 12 1938

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19....., and that I last saw him ..... since on ..... 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Fractured pelvic bones & ruptured bladder in railroad accident. No auto involved. Deceased was riding in coal tando. Coal shovel crushed him

CONTRIBUTORY (SECONDARY) .....

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

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

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) 18884, M. D.  
 , 19 (Address) 34

\*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

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

0666-5

RECEIVED FOR BUREAU OF THE ARMY  
GENERAL INVESTIGATIVE DIVISION

1954  
JAN 10 1954  
U.S. ARMY  
WASHINGTON, D.C.