MAY 25 1930

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

Do not use this space.

13069

1. PLACE OF DEATH

County Jasper — Registration District No. 417 — File No.

Township — Primary Registration District No. 3021 — Registered No. 59

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

2. FULL NAME Roy Newton Close

(a) Residence. No. ..... St., ... Ward. Jane Chenoweth Hospital
(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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Nadine Close

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	36	8	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Grocerman 185
(b) General nature of industry, business, or establishment in which employed (or employer) 152
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Carterville
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER J. W. Close

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

12. MAIDEN NAME OF MOTHER Ina Vanbellen

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

14. INFORMANT Otis Close
(Address) Carterville Mo.

15. FILED 5/2, 1930 R. M. Stormont REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 30, 1930

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1930, to April 30, 1930 that I last saw him alive on April 30, 1930 and that death occurred, on the date stated above, at 11 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage from knife wound of femoral artery
accidental (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) self inflicted
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 184
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF 50
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M S Slaughter D.O. M. D.
5-2, 1930 (Address) Webb City 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
Mount Hope Cem	5/2 1930
20. UNDERTAKER	**ADDRESS**
Webb City Und Co	Webb City

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.