

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.

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

Do not use this space.

17311

1. PLACE OF DEATH

County Blaine Registration District No. 1120 File No. _____
 Township Central Primary Registration District No. 624518 Registered No. 117
 City Richmond Heights (No. St. Marys) (Corp. Loop) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward Terre Haute 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 30. 1909.</u>		
7. AGE YEARS <u>20.</u>	MONTHS <u>5.</u>	DAYS <u>12.</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Tinner.</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

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

PARENTS	10. NAME OF FATHER <u>Elbert Harrold.</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Ind.</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Rosetta Conder.</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ind.</u> (STATE OR COUNTRY)

14. INFORMANT Elbert Harrold.
(Address) Terre Haute Ind.

15. FILED 5/14 1930 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 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 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Railroad accident (pedestrian
and Rightaway) Mo. Pacific RR
207M (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Slip in pit.
St. Louis (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? yes

WHAT TEST CONFIRMED DIAGNOSIS Physic neg. &

(Signed) John Edmund, M. D.
5/14 1930 (Address) former of below's county

*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 <u>Terre Haute Ind.</u>	DATE OF BURIAL <u>May 14 1930.</u>
20. UNDERTAKER <u>Mullen Ind. Co.</u>	ADDRESS <u>Delmar Blvd</u>

