

DEC 20 1930

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

Do not use this space.

1. PLACE OF DEATH

County Bates Registration District No. 50  
Township Mount Pleasant Primary Registration District No. 5074  
City (No) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 35315  
Registered No. 46

2. FULL NAME

Charles Edward Nirden  
(a) Residence No. Carthage Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 35 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 3 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant  
(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) Penn.

10. NAME OF FATHER R. G. Nirden

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

12. MAIDEN NAME OF MOTHER Lena Louise Siler

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

14. INFORMANT Chas. R. Nirden

(Address) Carthage Mo.

15. FILED \_\_\_\_\_ 19 \_\_\_\_\_

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_ that I last saw him never alive in alive \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 6 P.M. \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Automobile wrecked turning over  
Fracture of cervical vertebra  
Died at once at place of accident  
On highway 71-No collision  
Car went into ditch-turned over.

CONTRIBUTORY (SECONDARY)

None (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) C. M. Rice, M. D.

11/4 1930 (Address) Butler, 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

Park Cemetery Carthage Mo.

DATE OF BURIAL

11-6 1930

20. UNDERTAKER

Werner - Diotte Carthage

ADDRESS

Carthage

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.

## Carthage Merchant Killed When Car Overturms on Highway

Charles Edward Virden, aged 62 years, feed merchant of Carthage, was killed outright and his wife injured seriously about 6 o'clock Monday evening when the car in which they were riding overturned on the highway two and one-fourth miles north of Butler. Mr. and Mrs. Virden were on their way to Kansas City to attend the funeral of Mr. Virden's nephew, Kenneth McMMain, killed in an accident on Highway 50 Sunday.

The Virdens had left their home in Carthage Monday afternoon expecting to arrive in Kansas City about 8 o'clock. Just prior to the accident the Virden car, a Ford roadster, had passed a team and wagon driven by Clarence Hartley of south of Butler, the wagon also going north. The car was traveling at high speed and in turning out to pass the wagon Mr. Virden evidently lost control of the car and the wheels left the slab on the west side of the highway. Mr. Virden then swung the car back to the right. Apparently fearing that the car was headed for the ditch on the east side of the pavement, Mr. Virden then set the brakes, the wheels locked and the car did a complete flip-flop. The car struck the pavement and then skidded onto the shoulder and began rolling, coming to a stop after skidding and rolling about seventy-five feet. Mr. Hartley estimated that the car turned over three times. The car was demolished.

Mrs. Virden was thrown clear of the machine and escaped fatal injuries. Mr. Virden was caught beneath the steering wheel and his body remained in the seat. He suffered a broken neck and it appeared that some object had pierced his head, entering the right eye and coming out at the back of the head. His death was instantaneous, life being extinct when he was reached by those first at the scene. Mrs. Virden was in a semi-conscious condition. She was rushed to the Community Hospital here where it was found she had suffered a fractured wrist, severe scalp wound and possibly internal injuries Tuesday morning she was reported as resting better and was removed by ambulance to Carthage. The remains of Mr. Virden were also taken to Carthage Tuesday morning.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**  
 County Bates Registration District No. 30 File No. ....  
 Township mt. Pleasant Primary Registration District No. 2074 Registered No. ....  
 City (No. ....) St. .... Ward)

**2. FULL NAME** Charles Edward Sinden  
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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 1-10-31 Nena L Culver REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3 1931

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (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)....., M. D.  
 , 19 (Address)

\*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

N. B.—Every item of information should be carefully reviewed. 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

SUPPLEMENTARY