

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

Do not use this space.

22367

1. PLACE OF DEATH

County Putnam Registration District No. 668
Township Putnam Primary Registration District No. 3032
City Sealed No. Baltimore Hospital St. _____ Ward _____

File No. _____
Registered No. 194
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1105 E 3 St. 2nd Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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) June 14 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 yrs 0 9

8. Trade, Profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer 237

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) 6/23/31 11. Total time (years) spent in this occupation 28 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clair Co. Missouri

13. NAME A. E. Speers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clair Co. Missouri

15. MAIDEN NAME Emily Puzsiller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) B. Speers, 1105 E 3 Sealed Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sealed DATE 6-26-31

19. UNDERTAKER (ADDRESS) W. Hughlin Buss, Sealed Mo.

20. FILED 6-25-31 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1931

22. I HEREBY CERTIFY, That, I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on June 23, 1931 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Injuries to head and chest caused by automobile accident E10M

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury June 23, 1931

Where did injury occur? Near Sealed Mo on Grand ave. road (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Road

Manner of injury Automobile accident

Nature of injury head chest + left limb

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. T. Bishop, Coroner, M. D.
(Address) Sealed Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 28 1931

