

AUG 29 1931

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

Do not use this space.

25881HS-per

1. PLACE OF DEATH

County.....

Township.....

City.....

(No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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)

married

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

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

Aug 6 - 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

FATHER

13. NAME

McCord

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

MOTHER

15. MAIDEN NAME

Heart Know

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

Heart Know

17. INFORMANT (ADDRESS)

Mrs. Tom J. McCord

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Smithton Cem

DATE

7-24-1931

19. UNDERTAKER (ADDRESS)

Frederick

20. FILED

7-26

1931

Mrs. J. L. Manser

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

July 27, 1931

22. I HEREBY CERTIFY that I attended deceased from

7-22

1931, to

7-22

1931

I last saw him alive on 7-22, 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:

Date of onset

Fracture of neck due to accidental fall

Other contributory causes of importance:

none

Name of operation

186

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? acc - Date of injury 7/22/1931

Where did injury occur?

7-22-31 (Specify city or town, county, and State)

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

In Samson Taylor

Manner of injury

fall off ladder

Nature of injury

fracture of neck

24. Was disease or injury in any way related to occupation of deceased? acc

If so, specify

(Signed)

Dr. J. L. Manser

M. D.

(Address)

Smithton MO

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