

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

Do not use this space.

32220

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No.
Township..... Primary Registration District No. 3034 Registered No. 187
City Moberly (No. McComber Hospital) (Ward)

2. FULL NAME

(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 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) Sept 2nd 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 0 17

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

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) Unknown

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Paul Barnes
(ADDRESS) Clark msp

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis mo DATE Sept 21st 1931

19. UNDERTAKER Muhann and Son
(ADDRESS) Moberly mo

20. FILED 9/21 1931 Pho J. Blessing
Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1931

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
I last saw h. Carroll Case alive on....., 19..... Death is said to have occurred on the date stated above, at 4:00 P.M.

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

Pistol Shot - wound in head -
167 (Suicide)

Other contributory causes of importance:

167
Name of operation..... 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? suicide Date of injury 9-19, 1931

Where did injury occur? Moberly mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. McComber Hospital
Manner of injury.....
Nature of injury.....

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

(Signed) Pho J. Blessing
(Address) Moberly mo.

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.

WRITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 26 1931

