

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

Do not use this space.

60

1. PLACE OF DEATH

County Andrew Registration District No. 912
Township _____ Primary Registration District No. 4550
City Vandalia (No. _____) St. _____ Ward _____

File No. _____
Registered No. 3

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-2-1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>59</u>	<u>8</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Labor
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) Ralls Co Mo

MOTHER FATHER 13. NAME Geo. Day

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

15. MAIDEN NAME Clark

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

17. INFORMANT (ADDRESS) A. B. Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia DATE 1-29-1932

19. UNDERTAKER (ADDRESS) A. B. Clark

20. FILED Jan 28 1932 Ernie E. Wiltack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1932

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1932 to _____, 1932.

I last saw him _____ alive on _____, 19____. 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:

Came to death by accidental injuries from being hit by locomotive, Train No. 20, Alton Railway.

Other contributory causes of importance: _____

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? Accident Date of injury Jan 27, 1932

Where did injury occur? Vandalia, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Crossing, Alton Railway

Manner of injury Struck by train
Nature of injury Bruises & skull fracture

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____ (Signed) E. W. B. Bridgford _____, M. D.

(Address) Windsor, Mo

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.

1932-40 1932

Mr. The Jury, find that
Theeched Day came to his
death by a railroad accident,
killed by being struck by #20,
The Alton ~~Rail~~ Road Train,
(Railroad)
Passenger, deced went to Vandalia
Mo. at 12:59 P. M. on Jan 27'33

Wm. C. Stroger

Foreman of
Causes' Jury.

07-5

