

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

Do not use this space.

5916

1. PLACE OF DEATH

96 County St. Louis Registration District No. 784
Township Central Primary Registration District No. 6030
City Jennings, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 2415 N. Broadway 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 29 - 1914</u>		
7. AGE	YEARS <u>17</u>	MONTHS <u>2</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>General Work</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>	
	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) <u>Mo.</u>		
FATHER	13. NAME <u>William Harper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Letha Hayes.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>William Harper 2415 N. Broadway</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funerals</u>	DATE <u>Feb 24</u>	1932
19. UNDERTAKER (ADDRESS) <u>By Leidner and Co 1417 N. Market St.</u>		
20. FILED <u>April 8, 1932</u>	Registrar <u>Emma J. Harris</u>	

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw him 2:10 PM alive on 2/21/32, 19____. Death is said to have occurred on the date stated above, at 12:05 m.

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

Automobile accident.

Riding as passenger in a pleasure automobile which collided with another automobile on a public highway at Jennings, Mo.

Other contributory causes of importance: Jennings, Mo.

Multiple lacerations of Head & face & laceration from R. Jugular Vein fracture skull.

What test confirmed diagnosis? Physic's 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 2/21, 1932

Where did injury occur? Jennings, Mo.

(Specify city or town, county, and State)

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

Public place

Manner of injury Collision of automobiles

Nature of injury Hemorrhage & fracture skull

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

If so, specify _____

(Signed) John C. Lincee, M. D.

(Address) Jennings of St. Louis County

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.

APR 29 1932

