

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

Do not use this space.

17313

1. PLACE OF DEATH

County St Louis
 Township Central
 City Overland

Registration District No. 789
 Primary Registration District No. 6033B
 County Hospital

File No. _____
 Registered No. 154
 St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred

Yrs.

mos.

ds.

Overland - Eagle - 4000 - UCCYLO & OAK AV. (If nonresident, give city or town and State)

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) 3/7/1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 2 14

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

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) Emporia Kansas

13. NAME Claver Laddie

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

15. MAIDEN NAME Ida Moutrey

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

17. INFORMANT (ADDRESS) Claver Laddie Overland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palhacaen DATE 5/23

19. UNDERTAKER (ADDRESS) Meek & Dickman 3039 Eastern Co.

20. FILED 6-22-32 1932 Queen Drug (M.D.) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1932

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

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7:29 p.

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

Collision with automobile while a pedestrian at public square
5/11/32

Other contributory causes of importance: _____

Name of operation None Date of _____

Was 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 _____ Date of injury Feb 52

Where did injury occur? Overland, Mo

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

Manner of injury Collision with automobile

Nature of injury Fractured skull

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

If so, specify _____

(Signed) John Hume, M. D.

(Address) Overland, 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.

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