

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

Do not use this space.

20098

**1. PLACE OF DEATH**

62 County Madison  
4 Township Truett  
City Truett (No.     )

Registration District No. 098  
Primary Registration District No. 5025

File No.       
Registered No.       
St.      Ward     

**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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
31 | 11 | 8

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2780

10. Date deceased last worked at this occupation (month and year) 2-10-32 11. Total time (years) spent in this occupation 21

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

13. NAME John R. Lee

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

15. MAIDEN NAME Fillic Walker

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

17. INFORMANT (ADDRESS) Mrs. C. D. Cummins

18. BURIAL, CREMATION, OR REMOVAL PLACE Monticello Mo. DATE July 1-32

19. UNDERTAKER (ADDRESS) C. M. B. B. B.

20. FILED 630 1932 C. M. B. B. B. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 29 1932

22. I HEREBY CERTIFY, That I attended (deceased from) July 24, 1932 to July 29, 1932  
I last saw him (her) July 24, 1932 Death is said to have occurred on the date stated above, at 1 m.  
The principal cause of death and related causes of importance were as follows:

Fracture Skull Date of onset 6-24-32  
Contusion of Brain  
Fall on W - on W of high way 6 miles west of Truett Mo.

Other contributory causes of importance:  
Crash by descent of bus  
cut on 27 high way 6 miles west of Truett Mo.  
Name of operation      Date of       
What test confirmed diagnosis? (5) 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 6-29-32  
Where did injury occur on high way 6 miles west of Truett Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.       
Manner of injury fall  
Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify       
(Signed) C. M. B. B. B. M. D.  
(Address)     

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.

JUL 1 1932

