

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

Do not use this space.

29922

1. PLACE OF DEATH

73 County Henry Co.
Township Shore Creek
City Shore Creek (No. 1045)

Registration District No. 1045
Primary Registration District No. 5810

File No. _____
Registered No. 19
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 1727 Commercial St. Mo. 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 <u>M.</u>	4. COLOR OR RACE <u>W.</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>Oct 4, 1901</u>		
7. AGE YEARS <u>30</u>	MONTHS <u>11</u>	DAYS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Employee, 23</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gump Bakery</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>	13. NAME <u>Les W. Bird</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	15. MAIDEN NAME <u>Mary E. Wright</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	17. INFORMANT (ADDRESS) <u>Mary E. Bird</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Spring Valley Cem 9-13 32</u>	
19. UNDERTAKER (ADDRESS) <u>Whitthurst and Co</u>	
20. FILED <u>1932</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 32

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 6-AM.
The principal cause of death and related causes of importance were as follows:

Motor Accident Between Thompson Iron Car after Car Struck Ditch Causing Fractured Skull, Broken Neck on Road Between DeGarmo and Hedding Mill
Other contributory causes of importance: _____

Same Accidental
210 E
210 M
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? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) James D. Nathan M. D.
(Address) Granby Mo

Registrar.

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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