

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

Do not use this space.

12900

1. PLACE OF DEATH

County Franklin Registration District No. 297
 Township _____ Primary Registration District No. 2410
 City Washington, Mo. (No. St. Francis Hospital) St. _____ Ward _____

File No. _____
 Registered No. 20
 St. _____ Ward _____

2. FULL NAME Roscoe William Freeman

(a) Residence, No. _____ St. _____ Ward _____ Cuba, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. 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) married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF * Olive Freeman (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17, 1897

7. AGE YEARS 35 MONTHS 8 DAYS 01 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver.
 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) Salem, Mo. (STATE OR COUNTRY)

13. NAME William Freeman.

14. BIRTHPLACE (CITY OR TOWN) not known. (STATE OR COUNTRY)

15. MAIDEN NAME Laura Butts.

16. BIRTHPLACE (CITY OR TOWN) Dent County. (STATE OR COUNTRY)

17. INFORMANT Mrs. Olive Freeman. (ADDRESS) Cuba, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cuba, Mo. DATE April 18, 1933

19. UNDERTAKER Otto & Co. (ADDRESS) Cuba Mo
Washington, Mo.

20. FILED Apr. 18, 1933 O. Z. Emanuel Registrar.

1. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1933, to April 18, 1933
 I last saw him alive on April 18, 1933. Death is said to have occurred on the date stated above, at 6:15 a.m.

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

Traumatic shock. Date of onset 4-17-33

2:05
2:10

Other contributory causes of importance:
Was crushed between two trucks, and did not recover from the shock.

Name of operation none Date of _____
 What test confirmed diagnosis? _____ 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 4-17, 1933

Where did injury occur St. Clair Franklin Co. Mo (Specify city or town, county, and State)

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

Dead, found not on public highway
Manner of injury being pushed into truck which
Nature of injury was crushed between two trucks

24. Was this injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) Frank J. Ward M. D.

(Address) 804 20th Washington 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.

MAY 22 1933

