

Missouri State Board of Health  
 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

12955

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

1. PLACE OF BIRTH  
 Country France Registration District No. 318  
 Town St. Louis Primary Registration District No. 2004  
 City Springfield Mo. (No. City Police Station #1) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME  
 (a) Residence, No. 174 Name Harmer St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) Auto Home (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
about 57 — —

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

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) Iowa

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Thorough Little

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE May 3 1933

19. UNDERTAKER (ADDRESS) Thos W. F. L.

20. FILED 5-3 1933 Ralph W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1933

22. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

I last saw him/her on April 4-24 1933. Death is said to have occurred on the date stated above, at 9 A m.

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

Gunshot wound in heart - self inflicted

Other contributory causes of importance:  
167

Names of operation \_\_\_\_\_ 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? suicide 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 Olga A. George Coroner, M. D.  
 (Signed) \_\_\_\_\_ (Address) Springfield Mo

