

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

Do not use this space.

16114 A

1. PLACE OF DEATH

County Boone Registration District No. 236
Township Rock Prairie Primary Registration District No. 5821
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 5

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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January-27-1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 3 28

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

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

10. Date deceased last worked at this occupation (month and year) May 22, 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eurston, Mo.

FATHER 13. NAME G. W. Hankins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eurston mo

MOTHER 15. MAIDEN NAME Ann Dunn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eurston, mo

17. INFORMANT (ADDRESS) Oda Hankins Eurston mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Duffing Creek DATE May 27, 1933

19. UNDERTAKER (ADDRESS) Barber & Wheeler

20. FILED 5-25-33 W. R. Riley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933, to May 24, 1933

I last saw him alive on May 24, 1933 Death is said to have occurred on the date stated above, at 4 P.M.

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

Crushed chest & abdomen in the stable, terror height accident caused by falling team

Other contributory causes of importance:

2106
1030
212
272

Name 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? _____ Date of injury May 27, 1933

Where did injury occur? Eurston mo (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 Crushed chest & abdomen

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

If so, specify _____ (Signed) O. P. Fairies, M. D.

(Address) Eurston 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. AGE 22 1/2

