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 23 1933

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

Do not use this space.

23923

1. PLACE OF DEATH

County Newton — Registration District No. 609 — File No. 59

Township Neosho — Primary Registration District No. 5808 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME ALVIN BRENDEL

(a) Residence, No. EDISON PARK, CHICGAO, ILL. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE about 17 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Not known

FATHER

13. NAME Otto Brendel

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

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) James Hayton Chicago Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago Ill DATE 7-11, 1933

19. UNDERTAKER (ADDRESS) Colby Thompson Neosho Mo.

20. FILED ....., 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10th, 1933

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 ..... m.

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

	Date of onset
Fractured skull and broken neck caused by being struck by Frisoc passenger train #10 at mile post 310.45½ near Neosho, Mo.	
Other contributory causes of importance:	
1076	235
207 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? accident Date of injury 7/10/33

Where did injury occur? near Neosho, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on private railway property

Manner of injury struck by train

Nature of injury crushed skull and broken neck

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Ashley Bigham Coroner Mo.

(Address) Neosho, Mo.