

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

Do not use this space.

29232

**1. PLACE OF DEATH**

County Dunklin Registration District No. 282  
Township Waco Primary Registration District No. 4166  
City Campbell St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 42

**2. FULL NAME**

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

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 <u>Male</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 <u>/</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 7-1911</u>		
7. AGE	YEARS <u>22</u>	MONTHS <u>-</u>
	DAYS <u>-</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>-</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>-</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) Mo

FATHER 13. NAME Benno Michel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Rose Stoley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Father Unionville

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE 9/7 1933

19. UNDERTAKER (ADDRESS) Geo Rander & Son Campbell Mo.

20. FILED Sept 6 1933 Benjamin D. Gray Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from unattended by physician to \_\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ Death is said

to have occurred on the date stated above, at 2 a.m.  
The principal cause of death and related causes of importance were as follows:

By being stabbed with a knife in the hands of Ralph Powell aided by Nancy Riddick  
Other contributory causes of importance: 174  
Date of onset

23. 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? suicide Date of injury 9-5, 1933  
Where did injury occur? Campbell, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Public place  
Manner of injury stabbing with knife  
Nature of injury penetration of lungs

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify \_\_\_\_\_  
(Signed) J. R. Ridenour M. D.  
(Address) Keokuk Mo

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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2  
2  
50  
1933

WHILE FILING WITH COUNTY CLERK—THIS IS A PERMMENT RECORD

