

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

Do not use this space.

29610

**1. PLACE OF DEATH**

County Jackson Registration District No. 308  
 Township Kear Primary Registration District No. 308 File No. 3532  
 City Ke mo (No. Research Hospital) Registered No. 3532 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Loda A. Vail

(a) Residence, No. 3222 Jefferson St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Vail</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 11 1867</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>8</u>
	DAYS <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.	
	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 <u>40</u>	
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Indianapolis Indiana</u>		
FATHER	13. NAME <u>Dudley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Clairinda Faulkner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>Miss Virginia Vail</u> (ADDRESS) <u>3222 Jefferson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Quindaro</u> DATE <u>9/7</u> 19 <u>33</u>		
19. UNDERTAKER <u>Scott Long</u> (ADDRESS) _____		
20. FILED <u>9-6-33</u> M. S. <u>Carome</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/3/33 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
 I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Fracture of the skull. Date of onset \_\_\_\_\_  
Brain abscess.  
Acute suppurative meningitis.  
 Other contributory causes of importance:  
Pedestrian 10/20  
 Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy \_\_\_\_\_  
 23. If death was due to external cause, whether fill in also the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_  
 Where did injury occur \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in \_\_\_\_\_ home, or in public place.  
 Manner of injury Struck by motor car  
 Nature of injury Fracture of the skull  
 24. Was disease or injury \_\_\_\_\_ and was related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature]  
 (Address) [Address]

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.

OCT 20 1933

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2

