

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

Do not use this space.

32061

1. PLACE OF DEATH

County Adair
Township Clinton
City Kirkville (No.)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 184
St. Ward)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 - 1915

7. AGE YEARS 18 MONTHS 9 DAYS 1 If LESS than 1 day, hrs. or min.

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.
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) Shelby Co. Mo.

13. NAME Harry Thibodeau

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

15. MAIDEN NAME Elsie Thibodeau

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co.

17. INFORMANT (ADDRESS) A. Gray M. Kumbler

18. BURIAL, CREMATION, OR REMOVAL PLACE Claremont, Mo. Oct 25, 1933

19. UNDERTAKER (ADDRESS) Brothers & Hawkers

20. FILED Oct 23, 1933 Miss C. Reiker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1933

2. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1933 to Oct 23, 1933.
I last saw him alive on Oct 23, 1933 Death is said to have occurred on the date stated above, at 6:10 A.M.

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

Compound fracture of skull with laceration and injury to brain

Other contributory causes of importance:

Name of operation 210M Date of 9/10
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 Oct 21, 1933
Where did injury occur? 1 mile W. Epworth, Mo. Shelby Co. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. highway, 1/2 mile W. farm to market road
Manner of injury auto accident, car ran over
Nature of injury off bridge into ditch

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) E. and Laughlin, Jr., M. D. (Address) Kirkville, 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.

NOV 10 1933

