

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

Do not use this space.

32243

1. PLACE OF DEATH 85
 County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. 85
 City St. Joseph (No. 200 Meth. Hosp.)
 2. FULL NAME Edwin Straight
 (a) Residence, No. Blockton Iowa 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. 1 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 6, 1928</u>		
7. AGE	YEARS	MONTHS
<u>8</u>	<u>0</u>	<u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at school</u>		11. Total time (years) spent in this occupation _____
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) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blockton Iowa</u>		
13. NAME <u>Charles Straight</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Mr. Roy</u> (ADDRESS) <u>Blockton Iowa</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blockton Iowa</u> DATE <u>9/11, 1938</u>		
19. UNDERTAKER <u>Stingley - Stamey, Ed</u> (ADDRESS) <u>St. Joseph, Mo.</u>		
20. FILED <u>10-9-1938</u> <u>John R. Beards</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1938, to Oct. 8, 1938

I last saw him alive on Oct. 8, 1938 Death is said to have occurred on the date stated above, at 12:05 AM

The principal cause of death and related causes of importance were as follows:
Hemorrhage following injury to chest owing to hay bales wheel passing over the body. Date of onset _____

Other contributory causes of importance: 2026, 2027, 1038

Name of operation _____ Date of _____
 What test confirmed diagnosis? Path. Mort. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 10-8-1938
 Where did injury occur? Blockton Iowa
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
At home - on highway
 Manner of injury Hay bales wheel over body
 Nature of injury Crossing of body

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) John Stangley, M. D.
 (Address) St. Joseph, 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.

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