

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

Do not use this space.

40992

1. PLACE OF DEATH

County St. Louis Registration District No. 677
 Township St. Louis Primary Registration District No. 4403
 City St. Louis Rivers Hospital St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Alton 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 3 21

8. Trade, profession, or particular kind of work done, as spinner, 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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly Mo

13. NAME James W Dawney

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

15. MAIDEN NAME Ruby Hanley

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

17. INFORMANT Elsie Fast
 (ADDRESS) Alton St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Alton Ill DATE Dec 23 1933

19. UNDERTAKER Muller Son
 (ADDRESS) St. Louis Mo

20. FILED Dec 21 1933 Jos. F. Ayers
 Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from December 11, 1933, to December 21, 1933
 I last saw him alive on December 21, 1933. Death is said to have occurred on the date stated above, at 2:20 A.M.

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

Automobile accident Date of onset _____
Injuries about head and face, internal injuries, also compound comminuted fracture of femur (left), fracture of ribs (right arm)
 Other contributory causes of importance: _____

Name of operation Reduction of fracture Date of _____ Dec 11-33

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? 4 mi. East Brookfield, Mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Osby McFarland, M. D.
 (Address) St. Louis Mo

UNFADING INK---THIS IS A PERMANENT RECORD
 of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1934

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