

MAY 25 1934

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

Do not use this space.

15403

1. PLACE OF DEATH

County ScottRegistration District No. 821File No. 56Township SeatonPrimary Registration District No. 6070

Registered No. _____

City Seaton (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Pauline Rogers 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Seaton, Mo. DATE Apr 25 1934

19. UNDERTAKER

(ADDRESS)

20. FILED

5-41934Halter E. Derris

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-193422. I HEREBY CERTIFY, That I attended deceased from 4-22, 1934, to 4-24, 1934I last saw him alive on 4-23, 1934 Death is saidto have occurred on the date stated above, at 12 P. m.

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

Basal fracture of the skull

Date of onset

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis Physician Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 4-23, 1934Where did injury occur U.S. Highway 61, Scott Co. Mo. So. of Seaton (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. MO AUTO MOBILE ACCIDENT

Manner of injury

Nature of injury BASAL FRACTURE24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) T. C. McClure, M. D.(Address) Seaton, 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.

IN SENATE,

COMMISSIONERS OF THE LAND OFFICE,

REPORT

ON THE

LANDS BELONGING TO THE STATE,

AND

THE

LANDS BELONGING TO THE

UNITED STATES,

AND

THE

LANDS BELONGING TO

THE

INDIAN TRIBES,

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County West
Township Richland
City (No. _____) _____

Registration District No. 821
Primary Registration District No. 6070

File No. _____
Registered No. _____
St. _____ Ward _____

FULL NAME

Pauline Rogers

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
24

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19 _____ E. Esier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____

I last saw h. _____ alive on _____ 19 _____ Death is said to have occurred on the _____ m. _____

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

Basal Fracture of skull
Driver
passenger, Los control of car and car ran over
Date of onset _____

Other contributory causes of importance: _____

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? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (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) _____ M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED.

LAW.

11. B.—Every report of information should be certified by the registrars in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

5-15403