

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. _____
 Township Clinton Primary Registration District No. _____
 City St. Joseph (No. _____) Mo. Meth. Hosp. St. _____ Ward _____

File No. 15868
 Registered No. 622

2. FULL NAME

(a) Residence, No. Cameron Mo St. _____ Ward _____
 (Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Vera Stickler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 29, 1875</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>1</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
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) Ill.

13. NAME John Stickler

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

15. MAIDEN NAME Hannah Mulbarger

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

17. INFORMANT (ADDRESS) Vera Stickler Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron DATE of 21-1934

19. UNDERTAKER (ADDRESS) John Poland Cameron

20. FILED 5-28 1934 John R Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1934

22. I HEREBY CERTIFY, That I attended deceased from May 28 1934, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 130 A m.

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

Fractured Skull Headcent Date of onset _____
on Highway 36.

Other contributory causes of importance:
Auto collision on Mo 36
near Cameron

Name of operation none Date of _____
 What test confirmed diagnosis? Phys Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 5/27, 1934

Where did injury occur? Cameron
 (Specify city or town, county, and State)

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

Manner of injury Auto Collision
 Nature of injury Fractured Skull & jaw

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
 (Signed) Forrest Thomas Coroner M. D.
 (Address) 731 Faaron

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.

JUN 20 1934

