

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

Do not use this space.

1. PLACE OF DEATH

County Chariton Registration District No. 175 File No. 16075
 Township _____ Primary Registration District No. 4104 Registered No. 33
 City Salisbury (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7308 Norton St. _____ Ward _____
 (Usual place of abode) K.C. Mo (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 20 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 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) Nov. 17 - 1915

7. AGE YEARS 18 MONTHS 6 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in C.C. Camp
 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) unknown

FATHER 13. NAME unknown

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) C.C. Camps Records Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo DATE 5-24 1934

19. UNDERTAKER (ADDRESS) Winkelmann 13705 Salisbury Mo

20. FILED 5/23 1934 J. H. Armstrong Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23 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 date stated above, at 7:00 P.m.

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

Electrocution - contact with high voltage wires (Coronac case)

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis? Examination 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 5-23, 1934.

Where did injury occur? Salisbury Chariton Missouri (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place - Highway #24

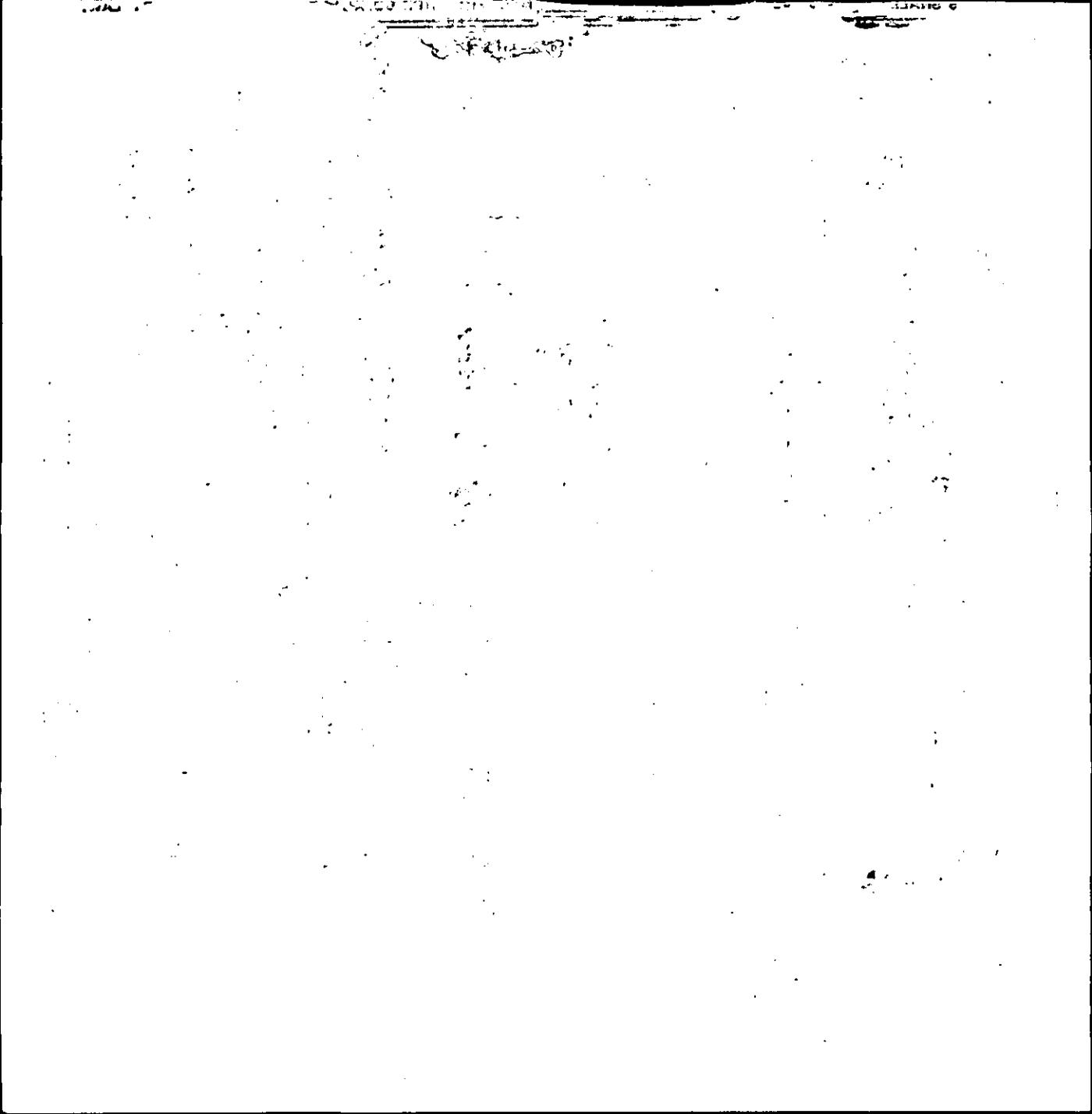
Manner of injury Electrocution - Automobile wreck

Nature of injury Electrocuted

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

If so, specify _____ (Signed) J. H. Arms, M. D.

(Address) Salisbury Mo



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Chariton

Registration District No. 175

File No.

Township Dalebury

Primary Registration District No. 4104

Registered No. 33

City Dalebury

St. Ward

2. FULL NAME

(a) Residence, No. 7308 Norton St., Ward. Wanna City, Mo.
(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) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14, 1915

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.

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) Kansas City, Mo.
(STATE OR COUNTRY)

13. NAME Ed W. Forbes

14. BIRTHPLACE (CITY OR TOWN) Meriden, Conn.
(STATE OR COUNTRY)

15. MAIDEN NAME Margaret Forbes

16. BIRTHPLACE (CITY OR TOWN) Meriden, Conn.
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19..... Death is said

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

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

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

REGISTERED AS PRESCRIBED BY LAW

