

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Central
City (No. _____)

Registration District No. 294
Primary Registration District No. 54098

File No. 24016
Registered No. 26
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 315 Boyd St Desoto Mo. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 3 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11th 1922

7. AGE YEARS 5 MONTHS 3 DAYS 20 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. Infant
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) Desoto Mo

13. NAME Fred A. Shost

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

15. MAIDEN NAME Laura Craun

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

17. INFORMANT (ADDRESS) Em Shost

18. BURIAL, CREMATION, OR REMOVAL PLACE Desoto Mo DATE July 11th 1934

19. UNDERTAKER (ADDRESS) W. M. Dushworth Desoto Mo

20. FILED 7-14 1934 W. M. Dushworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11th 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 about 4:45 P.M.

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

Accidental death, collision of two auto on Highway no. 66, one car turned over and burned up with three bodies burning in the car.

Other contributory causes of importance: Trapped in auto as it turned over and could not get out and auto caught fire and burned

Name of operation none Date of _____
What test confirmed diagnosis? chemical 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 7-1-1934

Where did injury occur? Highway no. 66 Franklin Co (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway no. 66 Franklin county

Manner of injury Accident Nature of injury Collision

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

(Signed) E. L. Worthington Coroner
Latadie Mo. (Address)

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.

AUG 10 1934

