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 13 1934

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

Do not use this space.

File No. 25253
Registered No. 50

1. PLACE OF DEATH
County Pettis
Township Dresden
City Higginsville (No. ..... St. ..... Ward)
Registration District No. 460
Primary Registration District No. 4274

2. FULL NAME Lou V. Still

(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 35 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1869

7. AGE: Years 64 | Months 11 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
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) Dec. 1932
11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntington, W. Va.

FATHER
13. NAME Lewis A. Still
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Anna M. Baumgardner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs Lu Still
(ADDRESS) Higginsville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Higginsville DATE 7-14-34

19. UNDERTAKER Hafer Mueller
(ADDRESS) Higginsville Mo

20. FILED July 12, 1934 W. C. Mobb
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1934, to July 12, 1934
I last saw him alive on July 12, 1934. Death is said to have occurred on the date stated above, at 9 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Accident Causing:	
Fracture skull	7-11-1934
Multiple fractures of mandible	
Fracture of six ribs (left) mid	
Laceration of L. lung.	

Other contributory causes of importance:
NONE
NONE

Name of operation None Date of .....
What test confirmed diagnosis? Find signs. 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 July 11, 1934
Where did injury occur? Northwest of Almal Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway collision - 20 & 23 junction
Manner of injury Automobile collision
Nature of injury Crushing due to violence

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

(Signed) W. Keppenter MD, M. D.
(Address) Higginsville, Mo.

#2 Lafayette

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

50

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Lee V. Still

Who died at _____ on July - 12 - 1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W ~~Single~~, married, ~~widowed or divorced:~~

Date of birth _____ Age: Years 64 Months 11 Days 26

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Auto - accident, causing fractured skull
Auto + Train Collision at public highway crossing

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 11, 19 34

Where did injury occur? At Public highway crossing
at Alma Mo Lafayette Co (Specify city or town, county and State)

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

Manner of injury Auto & Train Collision

Nature of injury _____

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

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar X W. C. McB Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh M.D.

Special Agent.

Reg. Dist. No. 460

Primary Reg. Dist. No. 4272

5-25253