

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

Do not use this space.

1. PLACE OF DEATH

County Logansport
Township Logansport
City Logansport (No.)

Registration District No. 460
Primary Registration District No. 4774
5624

File No. 25262
Registered No. 47
St. Ward

2. FULL NAME Stevn Wesley Vail

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Use the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5th 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 ---- 6

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.

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) Ohio

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Stevn Vail
(ADDRESS) Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City DATE 7/13/34

19. UNDERTAKER A. H. Heder
(ADDRESS) Higginsville, Mo.

20. FILED July 11, 1934 W. G. Miller
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1934

22. I HEREBY CERTIFY That I attended deceased from , 1934, to July 11, 1934

I last saw h. alive on , 1934. 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:

Fractured skull
Crushed chest
210 E
210 M
Other contributory causes of importance:
Fractured left arm

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 7-11, 1934

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 Public Highway
Auto no bike wreck
Nature of injury

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

If so, specify
(Signed) W. G. Johnston (Coroner)
(Address)

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUL 20 1934

33

1902
1901

#2

Lafayette

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

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

48

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: Stephen Wesley Vaid
Who died at _____ on July - 11 - 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 72 Months _____ Days 6

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: Fractured skull from auto + street collision

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, 1934

Where did injury occur? At. Along Mo. Highway 100
(Specify city or town, county, and State)

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

Manner of injury Auto + Street Collision at Crossing of

Nature of injury Public Highways

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 [Signature] 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.

Reg. Dist. No. 466 Very truly yours,

Primary Reg. Dist. No. 4274 E. T. McGaugh, M.D.

Special Agent.

S-25262

7 1/2