

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

Do not use this space.

26072

1. PLACE OF DEATH  
 County Randolph Registration District No. 736  
 Township Cranie Primary Registration District No. 37944  
 City (No. ) St. (Ward)  
 2. FULL NAME Herbert Day  
 (a) Residence, No. St. Ward. Moberly 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Day  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21<sup>st</sup> 1853  
 7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.  
51 - 10  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mine  
 10. Date deceased last worked at this occupation (month and year) July 31 - 1934 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 FATHER 13. NAME John Hirst Day  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 MOTHER 15. MAIDEN NAME Emma Wilton  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 17. INFORMANT (ADDRESS) Mrs. Kate Day Moberly Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Aug 2 1934  
 19. UNDERTAKER (ADDRESS) Mahan and Son Moberly Mo  
 20. FILED Aug 3 1934 G. J. H. ... Registrar.

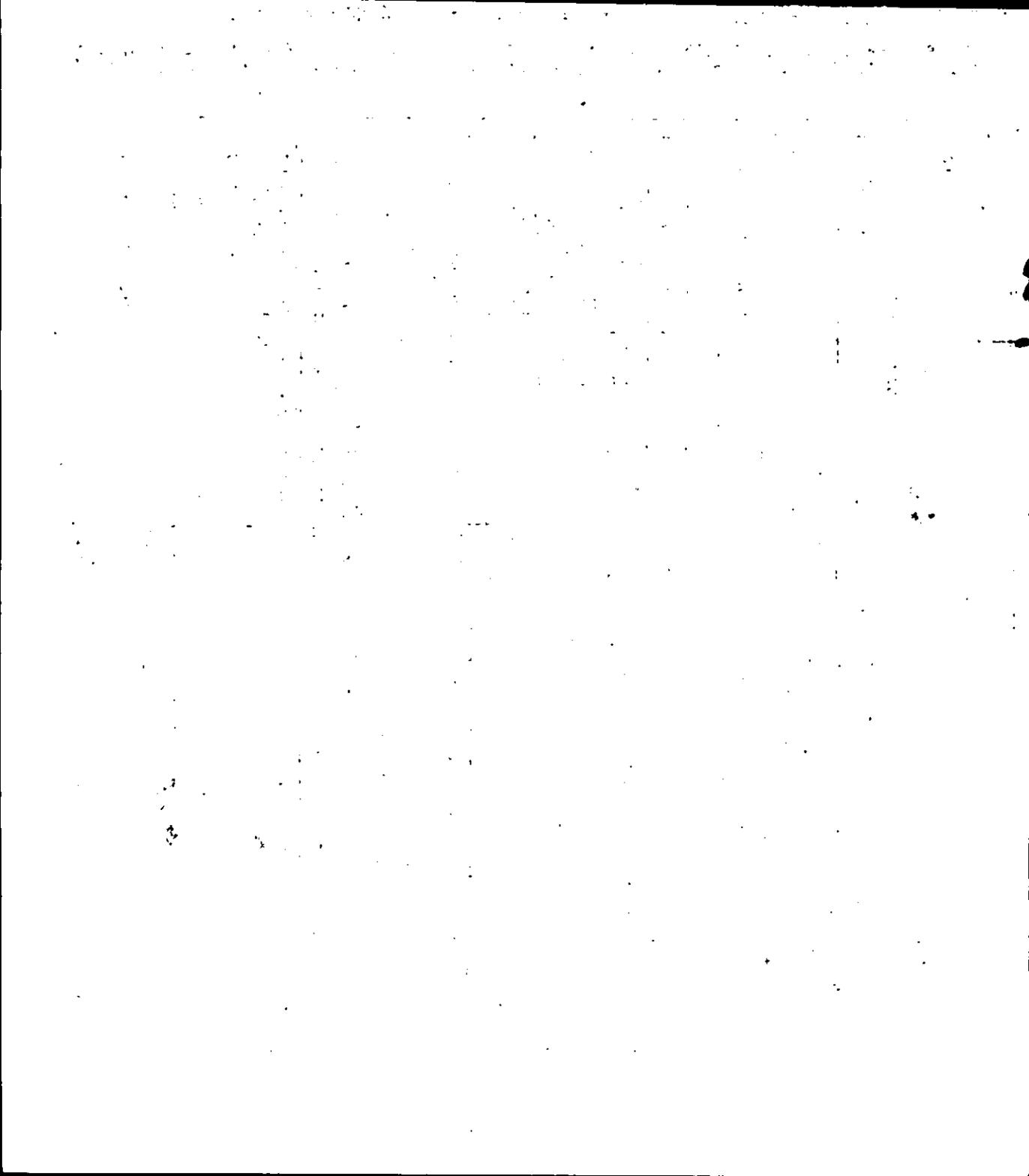
**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31<sup>st</sup> 1934  
 22. I HEREBY CERTIFY That I attended deceased from Coroner's Call to Home when called  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 7:30 am.  
 The principal cause of death and related causes of importance were as follows:  
Supplicated from black damp in a mine.  
Fell 25 ft to bottom of st.  
 Date of onset  
20<sup>th</sup> 1934  
 Other contributory causes of importance:  
g o l  
 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) Wm. ... Moberly 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 16 1934



*Randolph*

WASHINGTON

13

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: Herbert Day  
Who died at \_\_\_\_\_ on July 31 - 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 51 Months \_\_\_\_\_ Days 10

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) Suffocated from black

Birthplace of father (State or country) damp in mine. Fell

Birthplace of mother (State or country) 25 ft. to bottom

Principal cause of death: Suffocated from Black-damp in coal mine. His principal occupation was Mining coal

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? 901

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar E. J. Kimbrough 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. 736

Primary Reg. Dist. No. 59

Very truly yours,

*E. J. McLaugh M.D.*

Special Agent.

10/20/72

MEMORANDUM

TO: SAC, NEW YORK

FROM: SA [Name], NEW YORK

SUBJECT: [Faint subject text]

S-24072

[Faint body text]

[Faint body text]