

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.

NOV 9 1934

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

Do not use this space.

1. PLACE OF DEATH

County Call Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson City (No. _____) St. _____ Ward _____

File No. 35574
Registered No. 290

2. FULL NAME

(a) Residence, No. Ms. State Prison St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR 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) March 3, 1910
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
24 7 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm 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) Unknown

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 Ms. St. Prison
(ADDRESS) P. O. No. _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____

19. UNDERTAKER Heinrichs Undertaking Co
(ADDRESS) Jefferson City Mo.

20. FILED 10/25, 1934 Dr. Beaford M. N.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 1934

22. I HEREBY CERTIFY That I attended deceased from Sept. 23, 1934, to Oct 22, 1934

I last saw him alive on October 21, 1934 Death is said to have occurred on the date stated above, at 12:30 p. m.

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

Suicide by hanging Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 10-22, 1934

Where did injury occur? Jefferson City, Mo.
(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) W. M. Raub, M. D.

(Address) Jefferson City, Missouri

