

DEC 13 1934

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

Do not use this space.

41302

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City London (No. City of King 1)

File No. 11287
Registered No. 11287
St. Ward)

2. FULL NAME

Roy Vitatoe
(a) Residence, No. 404 Wheeler St. N R Ward.
(Usual place of abode) Rockwood Tenn (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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-9-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 9 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silk mill Wk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2nd fl.

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) Rockwood Tenn

13. NAME Jessie Vitatoe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockwood Tenn

15. MAIDEN NAME M. K.

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

17. INFORMANT (ADDRESS) Mary Vitatoe

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Ph DATE 11/28/34

19. UNDERTAKER (ADDRESS) Sullivan-Riley

20. FILED 21 19 34 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/13/34

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 4:00 a.m.

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

Fracture of skull
John Brown Moore, Capt
res. d. when the driver of a
car slammed against his head
while stealing a ride, on an East

Other contributory causes of importance:
board back of stand freight train,
in charge of E. S. Silsby (engineer)
& P. Berne (fireman) on the back
of freight train at Martins
Name of operation St. Louis Date of Nov 11, 1934
What test confirmed diagnosis? Dr. M. J. ... Was there an autopsy?

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

Where did injury occur? St. Louis, Mo
(Specify city or town, county, and State)

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

Manner of injury Boy car for slammed against
Nature of injury fractured skull head

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

If so, specify
(Signed) Dr. J. F. Bredeck
(Address) St. Louis

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.

