

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

Do not use this space.

FEB 19 1935

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Kear Primary Registration District No. 7
City Kennett (No. 1303, 618) St. _____ Ward _____

File No. 1389
Registered No. 255
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1303 618 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 <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE	YEARS <u>45</u>	MONTHS _____
	DAYS _____	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unemployed</u>	
	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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18/35, 1935
22. DECEASED BY CERTIFYING that he died, deceased from Stychnine poisoning to _____, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, _____ m.
The principal cause of death and related causes of importance were as follows:
Stychnine poisoning Date of onset _____

Other contributory causes of importance:
no
Name of operation Heart surgery Date of _____
What test confirmed diagnosis _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 2/16/35
Where did injury occur 1303 618 Kennett (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury gun
Nature of injury Stychnine

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) C. B. Bell, M. D.
(Address) Kennett

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kennett</u>
	13. NAME <u>Unknown</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT (ADDRESS) <u>Coroner Ernest Jago</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shee Ridge Lawn</u> DATE <u>1-18-35</u>	
19. UNDERTAKER (ADDRESS) <u>A. B. Moore</u>	
20. FILED <u>Jan 18 35 M. M. Conroe Ass</u> Registrar.	

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.

WHITE PAPER, WITH OUTFOLDING TAB—THIS IS A PERMANENT RECORD

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