

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

Do not use this space.

APR 2 1935

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1. PLACE OF DEATH

County North Registration District No. 403 1112
Township Middlefork Primary Registration District No. 6 213
City (No. _____) _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(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 M 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) Jan 9-91

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 18

OCCUPATION 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. Same
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) Grant City Mo

FATHER 13. NAME Joseph Hughes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deoria Mo

MOTHER 15. MAIDEN NAME Anna Hausman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orestor Illinois

17. INFORMANT (ADDRESS) Anna Hausman

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnes Cem DATE Feb 13, 1935

19. UNDERTAKER (ADDRESS) Andrew Bros North mo

20. FILED March 5, 1935 J. Red Mull, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1935

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9 P. m.

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

Found Dead in ditch car turned over head crushed in ditch 2 wks before found. 1/2 mile north North

Other contributory causes of importance: no suspect accidents no fever etc

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? no Date of injury Feb 10 1935

Where did injury occur? North of North 1/2 mile (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Manner of injury Car into ditch Nature of injury every bone in head broken

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) John C. Calkins, M. D. (Address) Grant City

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.

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