

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

Do not use this space.

JUN 3 1935

10126

1. PLACE OF DEATH

County Pettis
 Township Seclavia
 City Seclavia (No. 515-8-11²)

Registration District No. 668
 Primary Registration District No. 3032

File No. 115
 Registered No. 668
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 515-8-11² St. _____ Ward _____

Length of residence in city or town where death occurred 27 yrs. mos. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____ 19____

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

22. I HEREBY CERTIFY, That I attended deceased from the body, 19____, to Mar 27, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1879

I last saw h. _____ alive on _____, 19____. Death is said

7. AGE YEARS 56 MONTHS 1 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 10a m.

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

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

Date of onset _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail road shop

gun shot wound of left chest
Self inflicted

10. Date deceased last worked at this occupation (month and year) Feb 1931 11. Total time (years) spent in this occupation 25

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____

13. NAME Samuel J Storm

What test confirmed diagnosis? _____ Was there an autopsy? yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

23. If death was due to external causes (violence), fill in also the following:

15. MAIDEN NAME Mary Ellen Henney

Accident, suicide, or homicide? suicide Date of injury 3/27, 1935

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Mrs Mary Storm Seclavia

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 3-30-35

Manner of injury gun shot wound

Nature of injury left chest

19. UNDERTAKER (ADDRESS) Mc Laughlin Bros

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

20. FILED 4/1/35 Jean Slack Registrar.

If so, specify _____

(Signed) W. E. Swartz D.

(Address) Seclavia

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.

