

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.

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

Do not use this space.

JUN 26 1935

20487

1. PLACE OF DEATH

County new modico
Township " "
City new modico (No.)

Registration District No. 604
Primary Registration District No. 435-8

File No.
Registered No.
St. Ward)

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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Bailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1886

7. AGE YEARS 48 MONTHS 11 DAYS 19 If LESS than 1 day, hrs. or min.

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

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) Colo Ky

MOTHER 13. NAME Jessie Cochran

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

15. MAIDEN NAME unk

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

17. INFORMANT (ADDRESS) Ida Bailey new modico, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mauncie new modico DATE June 26 1935

19. UNDERTAKER (ADDRESS) none

20. FILED 6/13/35 1935-WT Barron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1935

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 11:45 P m.

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

Brushed Head
By blunt instrument
MS

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Y

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

Accident, suicide, or homicide? homicide Date of injury June 8, 1935

Where did injury occur? new modico

(Specify city or town, county, and State)

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

Manner of injury public

Nature of injury hit on head by some blunt instrument

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

If so, specify SA Richards, Coronet

(Signed) SA Richards, Coronet M. D.

(Address) new modico

