

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

Do not use this space.

AUG 15 1935

22803

1. PLACE OF DEATH

County Grundy
Township Galt Mo
City Floyd Mack (No.)

Registration District No. 327
Primary Registration District No. 4194

File No.
Registered No. 12
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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 0 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Oil Station Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER He Mack

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) See

12. MAIDEN NAME OF MOTHER Cordelia Combs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ia

14. INFORMANT Sam Mack (Address) Galt Mo

15. FILED 7-9-35 W. C. Weston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 1935

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw him alive on 19....., and that death occurred, on the date stated above, at about 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide by taking Carbolic Acid.

(duration) yrs. mos. ds. CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? Mo

WHAT TEST CONFIRMED DIAGNOSIS? Bottle and mouth boxes
(Signed) Herbert K. Timberlin, M. D.

Coroner Grundy Co. Trenton, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL 2007 Cemetery Galt Mo DATE OF BURIAL 7-10 1935

20. UNDERTAKER W. C. Weston ADDRESS Galt Mo

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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