

SEP 18 1935

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

Do not use this space.

25661

1. PLACE OF DEATH

County Douglas
Township St Joseph
City St Joseph (No. 1001)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 879
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1401 1/2 So 4 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred Life 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 12, 1914</u>		
7. AGE YEARS <u>21</u>	MONTHS <u>9</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>owner of truck</u>		
10. Date deceased last worked at this occupation (month and year) <u>Aug 9 35</u>		11. Total time (years) spent in this occupation <u>3 days</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Silver City, Iowa</u>		
13. NAME <u>Isaac H. Hited</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Bessie Turpin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Wm. Maoy Dyer, 803 N. Emerald St. C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>8-23</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Barry - J. Yee, St. Joseph, Mo.</u>		
20. FILED <u>AUG 23 1935</u> <u>John R. Boreder, Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1935, to _____, 19____.

I last saw _____ alive on Aug 19. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:
Ruptured liver (accident) Date of onset _____
car overturned

Other contributory causes of importance:
Car ran off road & overturned

Name of operation none Date of _____

What test confirmed diagnosis: Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury 8/19, 1935
Where did injury occur? Douglas Co. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Car overturned
Nature of injury Ruptured liver

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify John H. Thomas, Coroner
(Signed) _____, M. D.
(Address) 721 Jaraon

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.

