

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.

SEP 19 1935

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

Do not use this space.

26097

1. PLACE OF DEATH

County Franklin
Township Miramonte
City U.S. Highway No. 1

Registration District No. 296
Primary Registration District No. 5412

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Bourbon - mo Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23, - 99</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>1</u>	DAYS <u>16</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Owner</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Turist camp</u>		
10. Date deceased last worked at this occupation (month and year) <u>Aug 7, 1935</u>		
11. Total time (years) spent in this occupation <u>3 mos</u>		
12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <u>Kansas City Kan.</u>		
13. NAME <u>John Walsh</u>		
14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <u>John Walsh, 1440 S. 10 St</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Louis - mo</u> DATE <u>9/12</u>		
19. UNDERTAKER (ADDRESS) <u>J. T. Williams, Sullivan, Mo</u>		
20. FILED <u>Aug 10</u> 19.35 <u>Ch. Prastner</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug 9</u> 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 <u>3:15 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Compound fracture of skull</u> <u>10</u> Other contributory causes of importance <u>unknown date into accident while driving in the fog.</u> Name of operation <u>Crown</u> Date of What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>No</u> 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>accident</u> Date of injury <u>Aug 9</u> , 1935 Where did injury occur <u>near Sullivan, Mo.</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>on highway, etc.</u> Manner of injury <u>Auto wreck</u> Nature of injury 24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify (Signed) <u>E. L. Washington</u> Coroner, M. D. (Address) <u>Union, Mo.</u>

