

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.

26283

1. PLACE OF DEATH

County Howard
Township Boone Avenue
City Boone (No. 1)

Registration District No. 73E
Primary Registration District No. 4437

File No. 61
Registered No. 734
St. Boone Ward 1

2. FULL NAME Herbert H. Avery

(a) Residence, No. 1 St. Boone Ward 1
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 8, 1908

7. AGE YEARS 26 MONTHS 8 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Farmer
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) Howard (STATE OR COUNTRY)

13. NAME Rossie Avery

14. BIRTHPLACE (CITY OR TOWN) Howard County (STATE OR COUNTRY)

15. MAIDEN NAME Kella Fenton

16. BIRTHPLACE (CITY OR TOWN) Boone County (STATE OR COUNTRY)

17. INFORMANT Kella Avery (ADDRESS) Boone Mo R.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Myers Chapel DATE Aug 24, 1935

19. UNDERTAKER E. L. Island (ADDRESS) Boone Mo

20. FILED Aug 24, 1935 J. W. Warner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1935, to Aug 22, 1935

I last saw h. alive on Aug 22, 1935 Death is said to have occurred on the date stated above, at 1 A. M.

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

Automa bile
Accident, Decomp
having died from
fractured skull
Date of onset 23

Other contributory causes of importance:

Name of operation none Date of Aug 22, 1935

What test confirmed diagnosis? Histology 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 8-22-1935

Where did injury occur? Howard Co. Mo (Specify city or town, county, and State)

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

Manner of injury Auto Accident

Nature of injury Head crushed

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. L. Richards Coroner, M. D.

(Address) Howard Co.

Randolph Co -
12-14-37 - Dr. J. W. Wain - Hager

CAUSE OF DEATH in plain terms, so that it may be properly classified. - Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Howard
Township Boone Femme
City Boone (No. 1)

Registration District No. 378
Primary Registration District No. SS27

File No. 154
Registered No. 154 Ward

2. FULL NAME

(a) Residence, No. Herbert H. Avery St. Boone Ward.

(Usual place of abode) 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8, 1908

7. AGE YEARS 26 MONTHS 8 DAYS 12 If less than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, cannery, 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) Howard Co

13. NAME Ronnie Avery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co

15. MAIDEN NAME Lella Tention

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co

17. INFORMANT (ADDRESS) Lella Avery

18. BURIAL, CREMATION, OR REMOVAL PLACE Traders Chapel DATE Aug 24, 1935

19. UNDERTAKER (ADDRESS) Boone

20. FILED Oct. 10, 1935 V. O. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from

19... to 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:

Automobile accident, deceased having died from fractured skull

Other contributory causes of importance:

Name of operation History Date of Inquest

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Faced Date of injury 8/22, 1935

Where did injury occur? Howard Co, Mo

(Specify city or town, county, and State)

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

Manner of injury Auto accident

Nature of injury Head crushed

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

If so, specify.

(Signed) S. C. Richards Coroner

(Address) Howard County

Boone Mo.

5-26283