

SEP 25 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

27267

## 1. PLACE OF DEATH

County LettsRegistration District No. 668Township SedaliaPrimary Registration District No. 3232City Sedalia(No. Boothwell)File No. 265Registered No. 668St. Ward 

## 2. FULL NAME

(a) Residence, No. Storer Mo

(Usual place of abode)

St. Ward 

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 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)

Aug 23 1931

## 7. AGE

YEARS 3MONTHS 11DAYS 29

If LESS than 1 day, hrs. or min.

## OCCUPATION

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

## 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)

Lincoln Center Kans

## FATHER

## 13. NAME

Joseph C Hray

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

Morgan Mo

## MOTHER

## 15. MAIDEN NAME

Alta M Broeka

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

Lincoln Co Kans

## 17. INFORMANT (ADDRESS)

Joseph C Hray Storer Mo

## 18. BURIAL, CREMATION, OR REMOVAL

## PLACE

Pleasant Mm

## DATE

8-24-35

## 19. UNDERTAKER (ADDRESS)

C. R. Rapp & Son Storer Mo

## 20. FILED

Aug 30 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Aug 27 1935

## 22. I HEREBY CERTIFY, That I attended deceased from

Aug 27 1935 to Aug 27 1935I last saw him alive on Aug 27 1935. Death is saidto have occurred on the date stated above, at 6:30 p. m.

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

Fracture of SkullDate of onset Aug 23

## Other contributory causes of importance:

Name of operation Elevating Bone etc Date of Aug 23What test confirmed diagnosis? X-ray Was there an autopsy? No

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

Accident, suicide, or homicide Accident Date of injury Aug 22 1935Where did injury occur? Storer Morgan Mo

(Specify city or town, county, and State)

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

Manner of injury Fall from 2nd story windowNature of injury Fracture of Skull24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

J. W. Boger, M. D.

(Address)

Sedalia Mo

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.

