

OCT 18 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

28906

1. PLACE OF DEATH

County

Township

City

Registration District No.

Registration District No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER (ADDRESS)

20. FILED

9-2

1935

7:30

P.M.

J. M. Thompson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

1935

22. I HEREBY CERTIFY, That I attended deceased from 8/30, 1935, to 9/2, 1935.

I last saw him alive on 9/1, 1935. Death is said

to have occurred on the date stated above, at 3:30 P.M.

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

Shock due to hemorrhage and compound fracture of R. leg. fractured left leg. compound fracture of both arms. (Internal injuries)

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? X-ray. Was there an autopsy?

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

Accident, suicide, or homicide? Accident. Date of injury 8-30, 1935

Where did injury occur? Moonhouse mo. (Specify city or town, county, and State)

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

On public highway -

Manner of injury Auto collision

Nature of injury as described above

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

If so, specify

(Signed)

P. A. Ritter

M. D.

(Address) Cape Girardeau 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.

