WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

31757

1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No.
Township — Primary Registration District No. 3002 — Registered No. 142
City Mexico Mo (No. ..... St. ..... Ward)

2. FULL NAME Edward Raymond Litel
(a) Residence, No. 1139 S. Washington St., ... Ward.
(Usual place of abode) (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: 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) May 13, 1930
7. AGE: YEARS 5 — MONTHS 4 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) St. Louis, Mo.

FATHER
13. NAME Harry Litel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Mo.

MOTHER
15. MAIDEN NAME Josephine Kennedy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laddonia Mo.

17. INFORMANT (ADDRESS) H R Litel Mexico Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetery DATE Oct. 3 1935
19. UNDERTAKER (ADDRESS) H. A. Prickl & Son Mexico Mo.
20. FILED Oct - 3 - 1935 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1 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 ..... m.
The principal cause of death and related causes of importance were as follows:

Coroner's Case:
Jury's Verdict: He died of a fractured skull the result of accidentally falling from the rear part of the roof of Kemper's Poolhall No. 113 South Washington St., Mexico, Audrain County, Mo., in the alley between Promenade and Jackson St.

Date of onset: ?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 Oct. 1, 1935
Where did injury occur? Mexico, Audrain County, 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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W K McCall Coroner Audrain County, M. D.
(Address) Laddonia, Mo