

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

Do not use this space.

JAN 23 1935

39882

1. PLACE OF DEATH

County Jackson
Township Town
City Farmersburg (No. 521 2nd St.)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 5129 (Ward)

2. FULL NAME

(a) Residence, No. 821 2nd St. 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 MA 4. COLOR OR RACE cau. 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) June 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 39 yrs

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. Printer

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) Texas

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) L. P. Roberts

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Blue Lodge Farm Jan. 7 1935

19. UNDERTAKER (ADDRESS) James Campbell & Son 1119 S. 5th St.

20. FILED Jan 31 1935 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/31/35

22. I HEREBY CERTIFY that I attended deceased from Signature to Signature 1935

I last saw him alive on 1/30/35 1935 Death is said

to have occurred on the date stated above, at 10:00 m.

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

Gunshot wound of the head

Date of case

Other contributory causes of importance

Name of operation Autopsy Date 1/31/35

What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide Date of injury 1/31/35

Where did injury occur? 521 2nd St. Farmersburg

(Specify city, town, county, and State)

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

Manner of injury Trauma by firearms

Nature of injury

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

If so, specify

(Signed) Signature, M. D.

(Address) Signature

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.

