

JAN 16 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

3 County Bolede
 Township Lebanon
 City Lebanon (No.)

Registration District No. 449
 Primary Registration District No. 4767

File No. 40070
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 8th 1914</u>		
7. AGE YEARS <u>21</u>	MONTHS <u>2</u>	DAYS <u>7</u>
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>
	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) Lebanon Mo.
(STATE OR COUNTRY)13. NAME A. C. Arney14. BIRTHPLACE (CITY OR TOWN) Carrollton Ark.
(STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Taylor16. BIRTHPLACE (CITY OR TOWN) Polk Mo.
(STATE OR COUNTRY)17. INFORMANT A. C. Arney
(ADDRESS) Lebanon Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE But View Mo. DATE Dec 17 193519. UNDERTAKER Pahner
(ADDRESS) Lebanon Mo.20. FILED 12-17-35 J. A. McCoub
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 15 1935

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on Killed in auto crash 19....
Death is saidto have occurred on the date stated above, at 6 P m.

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

Fracture of 5th, 6th + 7th vertebrae
Internal injuries
Date of onset

Other contributory causes of importance:

Fracture of 7th vertebra Right

217

Name of operation

Date of

What test confirmed diagnosis?

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 12-15 1935Where did injury occur? Lebanon Mo.

(Specify city or town, county, and State)

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

Manner of injury auto accident

Nature of injury

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

If so, specify

(Signed) J. J. Summers M. D.(Address) Lebanon 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.

