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.

FEB 1936

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

Do not use this space.

1. PLACE OF DEATH
County Grundy
Township
City Trenton (No. , St. Ward)
Registration District No. 328
Primary Registration District No. 3017
File No. 998
Registered No.

2. FULL NAME Clifford Ray Means
(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 14 yrs. 7 mos. 24 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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23-1921
7. AGE YEARS 14 MONTHS 7 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Mercer Missouri

FATHER
13. NAME Ernest J. Means
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Missouri

MOTHER
15. MAIDEN NAME Bessie Harrison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Ernest J. Means Trenton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ravanna Mo DATE Jan 19 1936
19. UNDERTAKER (ADDRESS) Burn C. Davis #3216 Trenton Missouri
20. FILED 1-18 1936 Irene D Fair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17 1936
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 about 6:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Instantly and accidentally killed by being ran over by an automobile while coasting. Fractured skull and other internal injuries	

Other contributory causes of importance:

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 1-17, 1936
Where did injury occur? Trenton Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On main thoroughfare
Manner of injury Struck by automobile
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) Herbert C. Kimberlin, M. D.
(Address) Trenton, Mo
Coroner Grundy Co