

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

Do not use this space.

**AUG 18 1936**

25979

**1. PLACE OF DEATH**

County Atch.  
Township Atch.  
City Maple (No. \_\_\_\_\_)

Registration District No. 212  
Primary Registration District No. #129

File No. \_\_\_\_\_  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. English St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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, 6 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
37 1 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer  
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) Clearing

13. NAME J M Mc Miller

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

15. MAIDEN NAME Elyza J. Holman

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

17. INFORMANT (ADDRESS) J M Mc Miller

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Garden DATE July 7 1936

19. UNDERTAKER (ADDRESS) Russellville Mo

20. FILED July 7 1936 36 19 Mo J. H. Glover Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1936

22. I HEREBY CERTIFY That I attended deceased from I did not attend deceased

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 1:10 A.M.

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

Struck by east bound Rock Island train in Eugene tunnel skull fractured neck broken

Other contributory causes of importance: 207A

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? Accidental Date of injury 7-5-1936

Where did injury occur? Eugene Cole Mo (Specify city or town, county, and State)

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

Manner of injury Railroad accident

Nature of injury neck broken & skull fractured

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

If so, specify \_\_\_\_\_

(Signed) Dr. R. E. Weaver Coroner  
(Address) Russellville Mo

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.

