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.

SEP 29 1936

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

Do not use this space.

32182

1. PLACE OF DEATH
County St. Louis
Township Ferguson Town
City Robertson
Registration District No. 333
Primary Registration District No. 4468
(No. Lambert, St. Louis Flying Field, St. ..... Ward)
File No. .....
Registered No. 165

2. FULL NAME Vernon Omlie,
(a) Residence, No. Memphis, Tenn. 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 m
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) don't know

7. AGE YEARS 42 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. pilot
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. don't know
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) don't know
don't know

FATHER
13. NAME don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

MOTHER
15. MAIDEN NAME don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) Spencer Sturla, Und Co. Memphis, Tenn.

18. [redacted]N, OR REMOVAL
PLACE Memphis, Tenn. DATE 8/10/36 19

19. UNDERTAKER (ADDRESS) Bauman Bros Overland, Mo.

20. FILED 8/7/36 19 W. A. Zeither Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5/1936, 19

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 10 PM m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Multiple depressed fracture right temporal region with brain extruding. Deep laceration over left eyebrow. Fracture of upper and lower maxilla. Rt. forearm fractured

Other contributory causes of importance:
about middle, comminuted fracture both legs, lower third, multiple bruises, lacerations and contusions

Name of operation OVER Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Coroner's view No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in 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) Luke B. Timon 8/7/36, M. D.
(Address) 3718 Jennings Rd. Ferguson St. Louis Co., Mo.

thruout body trunk, appendages, face and head.

Sec; Multiple fractures of skull, masceration of brain, multiple fractures of extremeties. Hemorrhage and shock.

Verdict of Jury; Accidental death causes unknown-Q-by airplane.

Airplane accident St.Ferdinand township, Lambert St.Louis Flying field, St.Louis County, Mo.