

OCT 20 1936

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

Do not use this space.

33773

1. PLACE OF DEATH

County Butler  
Township Neely  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 88  
Primary Registration District No. 5130

File No. \_\_\_\_\_  
Registered No. 34 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 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) Nov. 9 - 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
16 10 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school  
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) Fairdealin' Office  
Butler Co. Mo.

13. NAME Pete Hogan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harriette  
Butler Co. Mo.

15. MAIDEN NAME Hester Grimes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaumont  
Butler Co. Mo.

17. INFORMANT (ADDRESS) Pete Hogan  
Neely

18. BURIAL, CREMATION, OR REMOVAL PLACE Harriette, Mo. R.R. DATE Sept. 9 - 1936

19. UNDERTAKER (ADDRESS) Minnie Gish  
Neely, Mo.

20. FILED 9-21- 1936 B. L. Turner  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1936

22. I HEREBY CERTIFY, That attended deceased from Sept 8 1936, to Sept 9 1936  
I last saw him alive on Sept 8 1936 Death is said to have occurred on the date stated above, at 8 a m.  
The principal cause of death and related causes of importance were as follows:

jumped from a moving car and hit his head and shoulder striking skull at base of brain. Continued to bleed and died.  
Other contributory causes of importance \_\_\_\_\_  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? history 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 9/8 1936  
Where did injury occur? Highway 67 Butler Co. Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. at junction of highway 67 with co. road  
Manner of injury falling off truck and  
Nature of injury injury to brain & neck.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Stewart M. D.  
(Address) Neely 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.

