

OCT 21 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

34105

## 1. PLACE OF DEATH

County DeWittRegistration District No. 309Township AltamPrimary Registration District No. HL 85-City Altam (No. Pose Hospital)File No. 64Registered No. 64St. Mo Ward Mc Fall

## 2. FULL NAME

(a) Residence, No. Mc Fall  
(Usual place of abode)St. Mo Ward Mc Fall

(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)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Wola F. Penhagan

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 22 1864

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

711011

## OCCUPATION

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

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

## 42. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Shelbyville Ky

## 13. NAME

Ely M. Bassett

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown Ky

## 15. MAIDEN NAME

Zarolla Williams

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

Unknown Ky

## 17. INFORMANT (ADDRESS)

Mrs. Elsie J. Bassett

## 18. BURIAL, CREMATION, OR REMOVAL

Mc Fall Mo

PLACE

DATE

## 19. UNDERTAKER (ADDRESS)

6 Ely M. Bassett

## 20. FILED

Sept 6 1936

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Sept 3 1936

## 22. I HEREBY CERTIFY, that I attended deceased from

9-3-1936 to 9-3-1936I last saw him alive on 9-3-1936 Death is saidto have occurred on the date stated above, at 1:00 p.m.

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

Fractured Skull

Date of onset

sudden

## Other contributory causes of importance:

Sub. Dural Hemorrhage  
Fractured left thigh  
Fractured right leg

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Auto accident Date of injury 9-3-1936Where did injury occur? Mc Fall Mo. Highway 4 A

(Specify city or town, county, and State)

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

Manner of injury Auto accidentNature of injury Highway 4 A24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Frank H. Ros.(Signed) Albany, Mo. M. D.(Address) Albany, Mo.

WITH UNFADING INK---THIS

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.

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1A-7725

[illegible]

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

Do not use this space.

**1. PLACE OF DEATH**

County Gentry

Registration District No. 309

Township Albany

Primary Registration District No. 4185-

City Albany (No.     )

File No.     

Registered No. 64

St.      Ward     

**2. FULL NAME** Elmer Fero Barkett

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF     

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 10 11

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Nov. 23 1936 W. F. Martin Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Fractured Skull Date of onset

Other contributory causes of importance:

Riding in car

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? auto accident 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 auto accident

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Frank H. Rose, M. D.

(Address) Albany 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.

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