

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.

OCT 22 1936

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

Do not use this space.

34954

1. PLACE OF DEATH

County Macou
Township Hudson
City Union (No. _____)

Registration District No. 533
Primary Registration District No. 5713

File No. _____
Registered No. 102
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, <i>write the word</i> <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 30 - 1886</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>0</u>	DAYS <u>1</u>
If LESS than 1 day, _____ hrs. or _____ min.		

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 _____

Retired labor

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

FATHER

13. NAME OK

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

MOTHER

15. MAIDEN NAME OK

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

17. INFORMANT (ADDRESS) Henry Telephon
Edgerton Wis.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Edgerton Wis. DATE 9-3- 1936

19. UNDERTAKER (ADDRESS) Stephens & Gooding
Macou Mo

20. FILED 10/9 1936 Edw. Henderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1936

22. HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Sept 1 1936

I last saw him alive on Sept 1 1936. Death is said to have occurred on the date stated above, at 10:15 a.m.

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

Inquest
Was killed by truck
accident (Pedestrian)
Other contributory causes of importance:
Fracture of skull
intra-cranial injury

Name of operation P/D M 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 Accident Date of injury Aug 31, 1936

Where did injury occur? Macou Mo

(Specify city or town, county, and State)

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

Manner of injury Highway

Nature of injury Fracture of skull

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

If so, specify _____

(Signed) W. H. Grock Coroner, M. D.

(Address) Blum Mo

