

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 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County Pulaski
Township Cullen
City Harker, Mo. (No. _____)

Registration District No. 713
Primary Registration District No. 5742

File No. 35290
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward St. James Mo.
(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 none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1899

7. AGE YEARS 37 MONTHS 8 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 9/16/36 11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ezekiel Shoate
unknown

13. NAME Ezekiel Woods

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

15. MAIDEN NAME Laura Woods

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

17. INFORMANT Hazel Pruitt
(ADDRESS) Harker, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE buried DATE Sept. 22, 1936

19. UNDERTAKER Fred N. Dillert
(ADDRESS) Dixon, Mo.

20. FILED 9/22 1936 M. Talley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from as coroner and viewed body, 1936.
I have seen him _____ alive on _____ 19____. Death is said

to have occurred on the date stated above, at 4 _____ a.m.

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

All evidence indicated suicide and after investigation did not deem it proper to- Cessary

Other contributory causes of importance: _____

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? suicide Date of injury 9-20 1936

Where did injury occur? Near Harker, Mo.
(Specify city or town, county, and State)

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

In home of brother-in-law

Manner of injury Shot wound by rifle

Nature of injury Entered head above right eye

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

If so, specify _____

(Signed) B. T. Shubert M. P.

Justice of Peace and acting coroner, _____

(Address) Waynesville, Mo.

