

DEC 30 1936

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

Do not use this space.

43615

1. PLACE OF DEATH

County Shelby
Township Finley
City (No.) St. Ward)

Registration District No. 897
Primary Registration District No. 6201

File No.

Registered No.

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 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8 8 12

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

Schoolgirl

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) Sapulpa, Okla.

13. NAME Charles C. Warren

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

15. MAIDEN NAME Faye Clark

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

17. INFORMANT (ADDRESS) Charles C. Warren Sapulpa Okla.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sapulpa Cem. DATE 12-6-36

19. UNDERTAKER (ADDRESS) Hefley-Firell Seymour, Mo.

20. FILED 12-3-36 W H Bollinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28-36

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 2:30 P.m.

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

Broken neck and injuries received in train & car wreck.

Other contributory causes of importance:

Skull fracture

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? accident Date of injury 11-28, 1936

Where did injury occur? R.R. crossing Shelton Co. Mo.
(Specify city or town, county, and State)

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

public crossing

Manner of injury

Nature of injury

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

If so, specify

(Signed) H. R. Hefley-Coroner Shelton Co.

(Address) Seymour, 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.

