

JAN 9 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

45268

1. PLACE OF DEATH

County Johnson Registration District No. 427
Township Pattonville Primary Registration District No. 5592
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 54

2. FULL NAME

(a) Residence, No. Don't know 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 72

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

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) unknown

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Sanset Hill DATE Dec. 12 1936
Warrensburg, Mo.

19. UNDERTAKER (ADDRESS) Sweeney - Phillips
Warrensburg, Mo.

20. FILED Dec 12 1936 Eva Hendry Registrar
Mrs. S. V. Redford

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10 1936

22. I HEREBY CERTIFY That I attended deceased from Killed by automobile (Instant) 1936

I last saw h. _____ alive on Dec 10 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:
Hit by an automobile

Fractured skull

Broken leg

Death was instant

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? Accident Date of injury Dec 10 1936

Where did injury occur? 2 mi. S. of Pattonville Mo.

(Specify city or town, county, and State)

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

On the highway

Manner of injury Hit by automobile

Nature of injury Fractured skull

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

If so, specify _____

(Signed) T. L. Bradley Coroner M. D.

(Address) Warrensburg Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

