

MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County ButlerRegistration District No. 88File No. 5194Township NeelyPrimary Registration District No. 5130Registered No. 15City Neely (No. 2)

St. _____ Ward _____

2. FULL NAME Laverne Roy Gichefoose(a) Residence, No. 3 mi. N Poplar Bluff Mo Ward. 1

(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

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

Nov 13 - 1919

7. AGE

YEARS

MONTHS

DAYS

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

17427

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

Student

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)

Lebo Kan

13. NAME

Roy Wm Gichefoose

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

Lebo Kan

15. MAIDEN NAME

Hazel Smiley

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

Silver Lake Kan

17. INFORMANT

Roy W. Gichefoose

18. BURIAL, CREMATION, OR REMOVAL

PLACE Poplar Bluff Mo DATE 2-12-1937

19. UNDERTAKER

N.T. Phelps(ADDRESS) Poplar Bluff Mo

20. FILED

2-12-1937R. L. Turner

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1937

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 8:30 p.m.

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

Basal fracture skullHe drove his truck into a freight train

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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

Accident, suicide, or homicide? accident Date of injury 2/10, 1937.Where did injury occur? Neelsville Mo

(Specify city or town, county, and State)

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

Manner of injury run into freight trainNature of injury lacerations feet & limbs fracture skull

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

If so, specify _____

(Signed) Grove W. Lee Swone M. D.(Address) Poplar Bluff Mo

WHITE PLAIN, 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.

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