

APR 21 1937

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

Do not use this space.

12461

1. PLACE OF DEATH

County

Township

City

Lewis 50
Lewistown

Registration District No.

Primary Registration District No.

481
4290

File No.

Registered No.

4
4

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Married

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED

Labelle Mo

James Larkin Redd Newark Mo

Missie Price Fowler Callaway County Mo

Mrs Frank E. Redd Lewistown Mo

Lewistown Mo April 2 1937

James A. Coder Lewistown Mo

4/1 1937 James A. Coder Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

March 31 1937, to March 31 1937

I last saw him alive on March 31 1937. Death is said

to have occurred on the date stated above, at 4:15 p.m.

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

Gun shot wound through the temple self inflicted

Other contributory causes of importance:

16

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

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

Accident, suicide, or homicide? Suicide Date of injury March 31 1937

Where did injury occur? Lewistown Mo

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

In Home with pistol

Manner of injury

Nature of injury shot through temple

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

If so, specify

(Signed) Harry J. McBrookhoff, M.D.

(Address) Lewistown Mo.

Date of onset

March 31

1937

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.

