

MAY 19 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

35 County Dunklin  
 Township East  
 City Kennett Mo. (No. \_\_\_\_\_)

Registration District No. 288Primary Registration District No. 5466File No. 16256

Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

## 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 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

W

## 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)

June 22 - 1915

## 7. AGE

## YEARS

## MONTHS

## DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

22911

## OCCUPATION

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

Inspector

## 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)

Keeton Ark

## MOTHER FATHER

## 13. NAME

Clarence Adams

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

Ark

## 15. MAIDEN NAME

Nieie Windstead

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

Ark

## 17. INFORMANT (ADDRESS)

Police Dept. Keeton Ark

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Butteley, Ark DATE April 7 1937

## 19. UNDERTAKER (ADDRESS)

Kenett Mo.

## 20. FILED

May 5 1937 Paul H. Davis Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 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 8:50 a.m.

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

Hanging By the neck  
By Sheriff of Dunklin Co.

Date of onset

Other contributory causes of importance:

Murder of a Policeman  
Legal Execution

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? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

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

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) George F. Cline D.O.(Address) Butteley of Dunklin Co.Kenett Mo.

