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.

MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH
45 County Howard — Registration District No. 378 — File No. 16517
Township N. Moniteau — Primary Registration District No. 5831 — Registered No. 24
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Walter Mishler
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 5-1910.

7. AGE: 26 YEARS, 11 MONTHS, 22 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Common Labor
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): 3/27/37
11. Total time (years) spent in this occupation: Not known

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

FATHER
13. NAME: A. O. Mishler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Hilde
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS): Mrs. Elsbeth Hord Mishler, 424 Spruce Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City Mo. DATE 3/28/37 19

19. UNDERTAKER (ADDRESS): C. S. Duncan

20. FILED 3-5 1937 V. A. Bonham, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw ~~him alive on~~ 3/27, 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Death	
~~[illegible]~~	
Fracture of cervical vertebrae	

Other contributory causes of importance:

210 M

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 3-27, 1937
Where did injury occur? On Highway 40 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Accidental Auto Rock
Nature of injury: Fracture bible of neck

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) W. R. Hawkins Coroner, M. D.
(Address) Georgetown Mo.