MAY 17 1937

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

Do not use this space.

1. PLACE OF DEATH

16 County Boone — Registration District No. 71 — File No. 19401

Township Cedar — Primary Registration District No. 5710 A — Registered No.

City ..... (No. ENROUTE TO hosp 9 ..... St. ..... Ward)

2. FULL NAME Mehmet Ali Tedik

(a) Residence, No. College Ave 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unk 1903

7. AGE: YEARS 33 — MONTHS unk — DAYS — If LESS than 1 day, ... hrs. or ..... min.

2 3

OCCUPATION

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

28

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

28

FATHER

13. NAME: Ibrahim
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Turkey

MOTHER

15. MAIDEN NAME: Sherife
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Turkey

17. INFORMANT (ADDRESS): O. H. Erol Columbia

18. [redacted] OR REMOVAL
PLACE New York DATE 4-16-1937

19. UNDERTAKER (ADDRESS): Parker Furniture Co Columbia, Mo.

20. FILED May 10, 1936 Frances Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-9, 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 11:30 P.m.

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

Automobile accident collision causing death due to his own acts deceased was driving auto

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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

Accident, suicide, or homicide? accident Date of injury 4-9, 1937

Where did injury occur? 6 mi S-E of Columbia Mo (Specify city or town, county, and State)

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

Manner of injury Heart Ruptured - Ribs

Nature of injury Broken etc

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

If so, specify

(Signed) W R Toalson Coronor M.D.

(Address) 20 N 9 St Columbia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.