

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

Do not use this space.

JUN 18 1937

19984

1. PLACE OF DEATH
 County Wasson Registration District No. 305
 Township _____ Primary Registration District No. 4164
 City Ousewill (No. _____) St. _____ Ward _____

2. FULL NAME Tony Everett Creek
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11 - 1913

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 2 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 93

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) St. James Mo

13. NAME William D. Creek

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Bird Mo

15. MAIDEN NAME Rosa Hayes

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

17. INFORMANT Beil Creek (ADDRESS) Ousewill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cemetery DATE 5-17-1937

19. UNDERTAKER D. F. Gall (ADDRESS) Ousewill Mo

20. FILED 5-22-1937 J. J. Ferrell Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-14, 1937, to 5-14, 1937
 I last saw him alive on May 14, 1937. Death is said to have occurred on the date stated above, at 2:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Internal injuries caused by automobile
Reckless driving
 Date of onset _____

Other contributory causes of importance: drunk

Name of operation _____ Date of _____
 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) J. J. Ferrell, M. D.
 (Address) _____

N. B. - Every item of information should be carefully supplied. A CG should be stated EXACTLY. FATHERS 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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**MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Gasconade Registration District No. 305 File No. 19984
 Township _____ Primary Registration District No. 4184 Registered No. _____
 City Owensville (No. _____) St. _____ Ward _____

2. FULL NAME Tony Everett Creek

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____		
7. AGE	YEARS <u>24</u>	MONTHS <u>2</u>
		DAYS <u>3</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Internal injuries
caused by auto
mobile accident
passenger in truck

Other contributory causes of importance: _____

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 5-14, 1937

Where did injury occur? Owensville, Mo.
 (Specify city or town, county, and State)

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

Manner of injury _____
 Nature of injury _____

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

If so, specify _____

(Signed) J. J. Ferrell M. D.
 (Address) Owensville, Mo.

SUPPLEMENT

FATHER	13. NAME _____
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
MOTHER	15. MAIDEN NAME _____
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____	
19. UNDERTAKER (ADDRESS) _____	
20. FILED <u>5-22</u> , 19 <u>37</u> . <u>J. J. Ferrell</u> , Registrar.	

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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