

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

Do not use this space.

**JUL 31 1937**

24498

**1. PLACE OF DEATH**

County Pemisscat Registration District No. 653  
 Townshp Hays Primary Registration District No. 4390  
 City Hays (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 56

**2. FULL NAME**

Don't Know  
 (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 D.K.  
(write the word)

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

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 2408.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 24

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Don't Know  
 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 -

Killed while walking on Rail Road track  
 Date of onset \_\_\_\_\_

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

Other contributory causes of importance: 207m

13. NAME D. Know

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

15. MAIDEN NAME -

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 6-27, 1937

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

Where did injury occur? Hays, mo  
(Specify city or town, county, and State)

17. INFORMANT - (ADDRESS)

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Pemisscat Co. Farm DATE 6-28 1937

Manner of injury Hit By Train  
 Nature of injury \_\_\_\_\_

19. UNDERTAKER County Farm Dept (ADDRESS) Hays, mo

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

20. FILED June 28 1937 Just Hodde Registrar.

(Signed) Jack Kelly Coroner mo  
 (Address) Hays, mo

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.

