

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Clay
Township Gallatin
City North Croton (No. 69)

Registration District No. 197
Primary Registration District No. 5276A
#69 Highway

File No. 33963
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leonard Redding

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 - 1910

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>27</u>	<u>3</u>	<u>11</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (mgr)

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) Mo

13. NAME Mr Tate

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

15. MAIDEN NAME Rose Carpenter

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

17. INFORMANT Miss Rose Williams (ADDRESS) 917 Forest, N.E. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo DATE _____ 19____

19. UNDERTAKER Miss Rose Williams (ADDRESS) Miss C. F. Foster

20. FILED 10-11 1937 Thida C. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1937

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

I last saw him alive on Coroner, 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:

Automobile Collision Date of onset _____

Other contributory causes of importance: 210 m

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Accident Date of injury May 29, 1937

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 Skull Fracture

Nature of injury and internal injuries

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) M. L. Nyquist Corcoran M. D.

(Address) Clay County Mo

Per. L. M. A.

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.

$$\begin{array}{r} 37 \\ 21 \\ \hline 16 \end{array}$$

$$\begin{array}{r} 1936 \\ 1510 \\ \hline 21-7-8 \end{array}$$

$$\begin{array}{r} 17-29 \\ 10-21 \\ \hline 7-8 \end{array}$$