

DEC 16 1937

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

Do not use this space.

41004

1. PLACE OF DEATH

County *Blair*  
*Liberty*  
City *Liberty*

Registration District No. *201*  
Primary Registration District No. *5280*

File No. *107*  
Registered No. *107*

2. FULL NAME

(a) Residence, No. *Edward Prolish* Ward. *Prolish*

(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 *M* 4. COLOR OR RACE *W* 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) *3-16-1883*

7. AGE YEARS *54* MONTHS *8* DAYS *8* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Helping Hand.*  
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) *Jugo Slavia*

FATHER 13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER 15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Nancy Kerschbaum*

(ADDRESS) *5-3207 Wabash, K. C. Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Liberty, Mo.* DATE *11-28*, 19*37*

19. UNDERTAKER *Hessel-Bader*

(ADDRESS) *Liberty, Mo.*

20. FILED *11-28*, 19*37*, *E. T. Brown*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-24-1937*

22. I HEREBY CERTIFY, That I attended deceased from

19*37*, to 19*37*

I last saw him alive on *Nov 19*, 19*37* Death is said

to have occurred on the date stated above, at *9:15 am*.

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

*While cutting a Post-Whip  
Post Fall caught him under  
it and crushed him*

Date of onset

Other contributory causes of importance:

Name of operation *none* Date of *try*

What test confirmed diagnosis? *Saw bones* 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 *11-24, 1937*

Where did injury occur? *at Liberty, Mo. Liberty Co. Mo.*

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

Manner of injury *crushed body*

Nature of injury

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

If so, specify *Yes*

(Signed) *Mrs. L. M. Huson* Coroner, M. D.

(Address) *Liberty, Liberty County, Missouri*

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

2025-2-38  
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