

DEC 27 1937

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

Do not use this space.

42110

1. PLACE OF DEATHCounty PettisRegistration District No. 665Township SedaliaPrimary Registration District No. 3202City Sedalia(No. 712 E. 18th St.)File No. 307Registered No. 665St. Mo. Ward 5**2. FULL NAME** William Backs(a) Residence, No. 2600 So. Ky.St. Ky.

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**MEDICAL CERTIFICATE OF DEATH****3. SEX**Male**4. COLOR OR RACE**White**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**Married**5A. IF MARRIED, WIDOWED, OR DIVORCED**HUSBAND OF
(OR) WIFE OFLouise**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Jan. 1, 1863**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.74925**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****12. BIRTHPLACE (CITY OR TOWN)** Oakleyville
(STATE OR COUNTRY) Ill.**FATHER****13. NAME**Fred Backs**14. BIRTHPLACE (CITY OR TOWN)**
(STATE OR COUNTRY)Don't Know
U.S.**MOTHER****15. MAIDEN NAME**Louise(Don't Know)**16. BIRTHPLACE (CITY OR TOWN)**
(STATE OR COUNTRY)Germany**17. INFORMANT**
(ADDRESS)Mrs. William Backs
Sedalia, Mo.**18. BURIAL, CREMATION, OR REMOVAL**PLACE Mem. ParkDATE Nov. 4, 1937, 19**19. UNDERTAKER**
(ADDRESS)Gillespie Funeral Home
Sedalia, Mo.**20. FILED**11-2-1937Jean Backs
Registrar.**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Nov. 1, 1937, 19**22. I HEREBY CERTIFY** That I attended deceased from as common case only, 19I last saw him alive on Nov. 1, 1937, 19. Death is saidto have occurred on the date stated above, at 1:30 P. m.

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

fractured skull

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? no**23. If death was due to external causes (violence), fill in also the following:**Accident, suicide, or homicide? Accident Date of injury 11-1-1937Where did injury occur? Sedalia, Mo.

(Specify city or town, county, and State)

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

Manner of injury hit in head by falling tree limbNature of injury fractured skull**24. Was disease or injury in any way related to occupation of deceased?** no

If so, specify.....

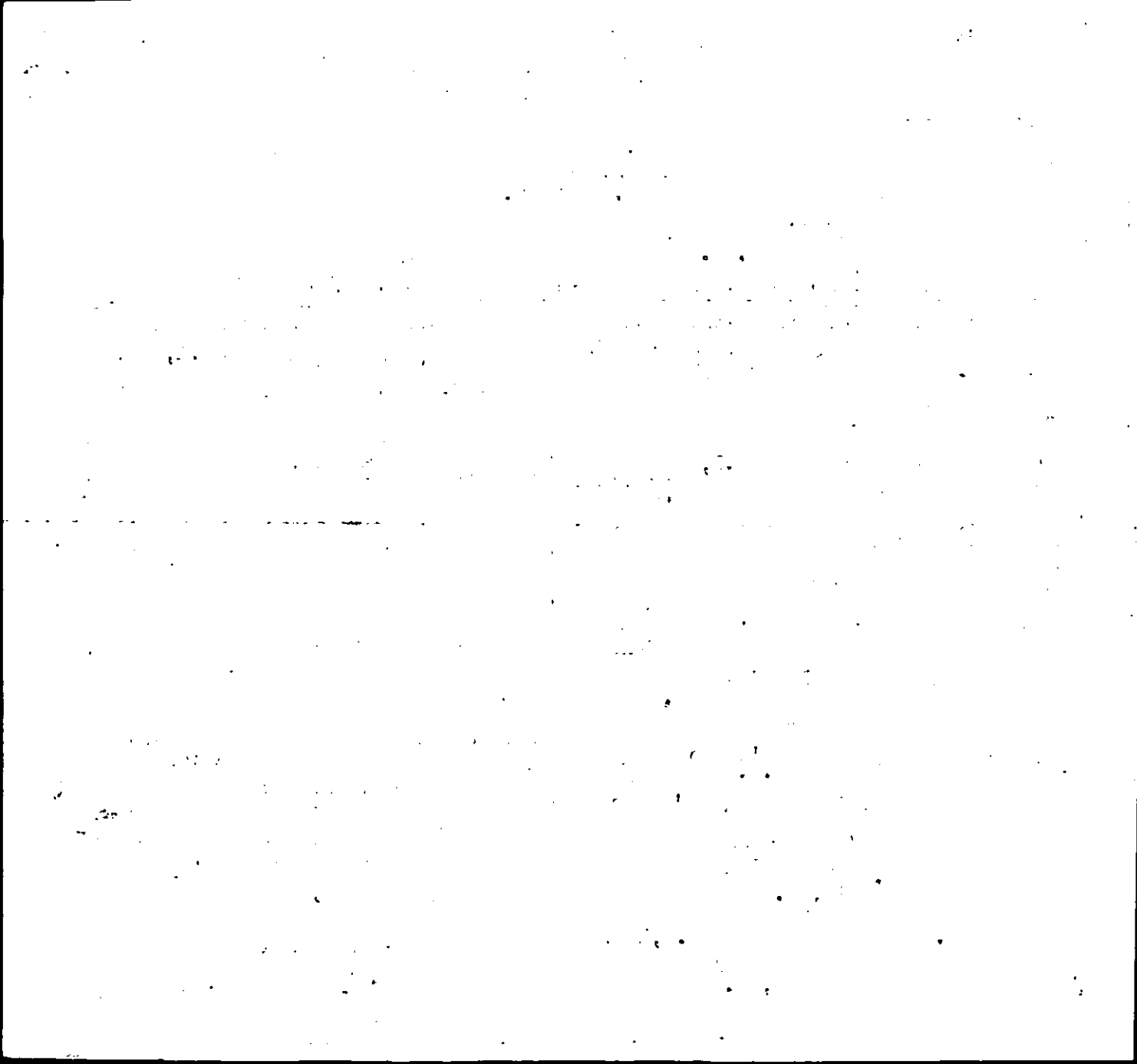
(Signed)

E. Gordon Staufacher, M. D.

(Address)

Common & Pettis Co.

CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

42160

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 666
(b) Township _____ Primary Registration District No. 3032
(c) City Sedalia (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 11-2 1937 Jean Slack Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 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 m.

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

Date of onset

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? 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) C. Gordon Stauffer M. D.

(Address) Box Pettis Co

