

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

Do not use this space.

1. PLACE OF DEATH

County Howell
Township Howell
City West Plains (No.)

Registration District No. 284
Primary Registration District No. 4227

File No. 2934
Registered No.
St. Cottage Hospital (Ward)

2. FULL NAME

(a) Residence, No. Yorkon, Mo St. Ward. LUKON, MO
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20, 1923

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
14 2 30

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Hutton Valley
(STATE OR COUNTRY) Howell County, Mo

FATHER 13. NAME C. C. Castleman

14. BIRTHPLACE (CITY OR TOWN) Raymondville
(STATE OR COUNTRY) Texas Co., Mo

MOTHER 15. MAIDEN NAME Soldie Finley

16. BIRTHPLACE (CITY OR TOWN) Hutton Valley
(STATE OR COUNTRY) Howell Co., Mo

17. INFORMANT C. C. Castleman
(ADDRESS) Yorkon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Yorkon, Mo DATE 1-10 1938

19. UNDERTAKER Elliptic Funeral Home
(ADDRESS) Calrod, Mo.

20. FILED 1-10 1938 Vida W. SIMONS
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1938 to Jan 10, 1938
I last saw him alive on Jan 10, 1938 Death is said to have occurred on the date stated above, at 2:25 a.m.

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

Accidental gun shot wound of abdomen with hemorrhage and marked trauma to liver Date of onset

Other contributory causes of importance: 184 37

Name of operation Laparotomy Date of Jan 9, 1938

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 Jan 9, 1938

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

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

Manner of injury gun shot wound when

Nature of injury gun was dropped & exploded

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

If so, specify

(Signed) E. Royce Bolner, M. D.

(Address) West Plains, 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.

RECEIVED

FEB 24 1938

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