

REC'D MAR 22 1938

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

Do not use this space.

7690

1. PLACE OF DEATH

County *De Witt*
Township *Little Prairie*
City (No.) St. Ward)

Registration District No. *657*Primary Registration District No. *5862*

File No.

Registered No. *13*

2. FULL NAME

(a) Residence, No. *610* St. Ward. *Tiptonville Tenn.*
(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 *M* 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 OF *Kate Kirby*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Don't know*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 64 — — —

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farms*

10. Date deceased last worked at this occupation (month and year) *Dec 28 1937* 11. Total time (years) spent in this occupation. *Life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Waterman Ky*13. NAME *Don't know*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *D.K.*15. MAIDEN NAME *Don't know*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *D.K.*17. INFORMANT *Elmer Halman* (ADDRESS) *Newburn Tenn.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Nickman Ky* DATE *2-17 1938*19. UNDERTAKER *Halman Funeral Home* (ADDRESS) *Newburn Tenn.*20. FILED *Feb. 16 1938* *Ada Martin* Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 28 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 *11 P.M.*

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

Accidental Drowned Date of onset

Other contributory causes of importance:

Name of operation... Date of...

What test confirmed diagnosis? *L* 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 *Dec. 28 1937*Where did injury occur? *Near Tiptonville Tenn.*

(Specify city or town, county, and State)

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

*Mich. River*Manner of injury... *Drowned*

Nature of injury...

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

If so, specify...

(Signed) *Jack Kelley* Coroner*505 (Address)* *Dayton Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS showing STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Jennison Registration District No. 657
(b) Township Little Grass Primary Registration District No. 5862 Registered No. _____
(c) City _____ (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 Robert Deery

(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 m (write the word)

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.
act 64

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____, 19__ Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 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:

accidental drowned while hunting in a boat. Date of onset

Other contributory causes of importance:

The current pulled this man and his boat under a bank in the Mississippi River

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? Accident 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 Drowned while hunting in River
Nature of injury _____

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

If so, specify. Jack Kelley coroner
(Signed) May Li (Address) msd

SUPPLEMENT

CERTIFICATE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW
ALL NOT RECEIVED

S-7690