

REC'D APR 22 1938

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

(Do not use this space.)

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No.....

Primary Registration District No.....

(No.....)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

St.....

Ward.....

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

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

Do not know

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

Aug 13 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

75

6

15

OCCUPATION

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

Laborer

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

P. R. Shops

10. Date deceased last worked at
this occupation (month and
year)

1933

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Bulgaria

13. NAME

Do not know

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

Bulgaria

15. MAIDEN NAME

Do not know

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

Do not know

17. INFORMANT
(ADDRESS)Mrs Jim Kochoff
Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mem

DATE

Mar 2

1938

19. UNDERTAKER
(ADDRESS)M. Laughlin Bros
Sedalia

20. FILED

Mar 2

1938

J. L. Sack

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb 28 1938

22. I HEREBY CERTIFY That I attended deceased from
Feb 27 PM 1938 to Feb 28 PM 1938

I last saw him alive on Feb 28 1938

Death is said to have occurred on the date stated above, at 8:30 P. M.

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

Shock traumatic
following injury by
being struck by
automobile
pedestrian

Date of onset

Other contributory causes of importance:
Blow, comminuted
fracture upper 3rd left
tibia; & ribcage

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide

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)

(Address)

M. D.

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.

