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.

REC'D MAY 17 1938

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

Do not use this space.

15513

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. , St. Ward)
Registration District No. 668
Primary Registration District No. 3132
File No. ~~130~~ 128
Registered No. 668

2. FULL NAME Unkown Man
(a) Residence, No. Do not know St., 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

3. SEX M.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) — Un.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Do not know
7. AGE Abt YEARS 60 MONTHS - DAYS - If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know
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 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know 9

FATHER
13. NAME Do not know 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER
15. MAIDEN NAME Do not know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) None
18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 4-19- 1938
19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia
20. FILED 4-19- 1938 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16- 1938
22. I HEREBY CERTIFY, That I attended deceased from as Coroners case only, 19
I last saw him alive as Coroners case only. Death is said to have occurred on the date stated above, at 3:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by hanging	

Other contributory causes of importance: 165

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? Suicide Date of injury 4-16, 1938
Where did injury occur? Sedalia Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Suicide by hanging
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Gordon Hauffacher, M. D.
604 (Address) Coroner Pettis County