

REC'D JUN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Jefferson

Registration District No.

421

Township

Crystal City

Primary Registration District No.

5575A

City

(No.)

File No.

18585

Registered No.

53

St.

Ward)

2. FULL NAME

Unidentified White Man

5-3

(a) Residence, No.

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

white

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

unknown

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

May 24

1938

17.

I HEREBY CERTIFY, That I attended deceased from

10:00 a.m.

10:00 a.m.

that I last saw him alive on

10:00 a.m.

10:00 a.m.

death occurred, on the date stated above, at

10:00 a.m.

10:00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

By Inquest duties on the 4th day of May, 1938.

Body was taken from Mississippi River at Crystal City.

CONTRIBUTORY Cause of death unknown (SECONDARY) Body beyond identification (duration) yrs mos ds

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH.

Inquest pending

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank Frazier, Coroner, M.D.

19 (Address)

Festus Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Festus Mo.

DATE OF BURIAL

May 24 1938

20. UNDERTAKER

Festus & Vanzord

ADDRESS

Festus Mo.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)		
Male	white	unknown		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR)				
0				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
Unknown				
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work				
Unknown				
(b) General nature of industry, business, or establishment in which employed (or employer)				
Unknown				
(c) Name of employer				
Unknown				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
Unknown				
PARENTS	10. NAME OF FATHER			
	Unknown			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)			
	Unknown			
12. MAIDEN NAME OF MOTHER				
Unknown				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)				
Unknown				
14.	INFORMANT			
	Frank A. Frazier, Coroner			
	(Address)			
	Festus Mo.			
15.	FILED			
	5/25/38 J. E. Rutledge, M.D. REGISTRAR			
	388			

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

