

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

Do not use this space.

REC'D JUL 25 1938

**1. PLACE OF DEATH**

County Putnam

Registration District No. 718

Township Jackson

Primary Registration District No. 5-949

City Unionville

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

(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. \_\_\_\_\_

File No. 22712

Registered No. 23

**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) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1938

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

22. I HEREBY CERTIFY That I attended deceased from June 1, 1938 to \_\_\_\_\_, 19\_\_\_\_

I last saw h.  alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27-1922

to have occurred on the date stated above, at 11 A.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

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

10. Date deceased last worked at this occupation (month and year) May 1938

11. Total time (years) spent in this occupation 8

accidental traumatism by fire arms. Gun shot wound

Date of onset June 1, 1938

Other contributory causes of importance: Hemorrhage from femoral artery

Date of onset June 1, 1938

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME D. W. Noland

What test confirmed diagnosis? Examination Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo

15. MAIDEN NAME Mollie Robertson

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury June 1, 1938

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo

Where did injury occur? Putnam Co. Unionville, Mo

17. INFORMANT D. W. Noland

(Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville Mo DATE June 3, 1938

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

19. UNDERTAKER Canstock Mar Co

Manner of injury Accidental traumatism by fire arms

20. FILED June 4, 1938 J. W. Gillum Registrar.

Nature of injury Femoral Artery severed. Hemorrhage

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

If so, specify \_\_\_\_\_

(Signed) J. C. Hensel M. D.

(Address) Unionville, 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.

