

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

REC'D SEP 27 1938

29666

1. PLACE OF DEATH

78 County Pemiscot  
Township Little prairie  
City..... (No.....)..... St..... Ward.....

Registration District No. 65-1  
Primary Registration District No. 1-862

File No. 29666  
Registered No. 85

2. FULL NAME Unknown

(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 M 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

21. DATE OF DEATH (MONTH, DAY, AND YEAR) about Aug 15, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....

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

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at D.K. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. about 40 - - -

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. Dont know

I dont know Date of onset

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

This man was found in a corn field after several days

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation ✓

Other contributory causes of importance:  
There seems to be a cut place under his right arm and the R. arm is gone

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

13. NAME D.K.

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) D.K. unknown

18. BURIAL, CREMATION, OR REMOVAL PLACE County Farm DATE 8-22 1938

19. UNDERTAKER (ADDRESS) County Farm  
Hays, Mo.

20. FILED Sept. 1 1938 Ada Martin Registrar.

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

Where did injury occur? D.K. (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) Jack Kelly Hays, Mo.  
585 (Address) Hays, Mo.

