

SEP 27 1938

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

Do not use this space.

29688

File No. 238
Registered No. 668
St. Ward

1. PLACE OF DEATH

County Pettis
Township Sidalia
City Sidalia

Registration District No. 668
Primary Registration District No. 3032

2. FULL NAME

(a) Residence, No. 412 W Cooper 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 60 - -

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 9

13. NAME Don't Know 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 9

15. MAIDEN NAME Don't Know 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT: Mary Reed (ADDRESS) 412 West Pettis

18. BURIAL, CREMATION, OR REMOVAL PLACE Georgetown DATE Aug 8 1938

19. UNDERTAKER Robin Alfano (ADDRESS) 412 W Cooper

20. FILED Aug 6 1938 Frank Black Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5 1938

22. I HEREBY CERTIFY That I attended deceased from about 3:00 PM, 1938, to Aug 5 1938

I last saw him alive on Aug 4 1938 Death is said to have occurred on the date stated above, at 3:30 PM.

The principal cause of death and related causes of importance were as follows: Shock, Post traumatic following arm shot wound with copious hemorrhage

Other contributory causes of importance: No work 176

Amputation left arm 1938

Name of operation: Amputation Date of: 7/4/38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 7/4/38

Where did injury occur? 412 W Pettis St. Sidalia (Specify city or town, county, and State)

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

Manner of injury: Gunshot wound

Nature of injury: Gunshot wound

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Stader Registrar

(Address) Sidalia

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9/9/38

JUL 14 1954