

APR 10 1939

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

Do not use this space.

11809

1. PLACE OF DEATH

73 County *Fernsco*  
Township *Wardell*  
City *Wardell* (No. *525*)

Registration District No. *109*  
Primary Registration District No. *5868*

File No. *11809*  
Registered No. *5*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Cowboy Kid (Only Name Known)*

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. *1* mos. *7* ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *Cal.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *D.K.*

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*About 30*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farm Labor.*  
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) *2/18/39*  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dont Know* *9*

13. NAME *Dont Know* *9*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *D.K.* *9*

15. MAIDEN NAME *Dont Know* *1*

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

17. INFORMANT *Judge Ford*  
(ADDRESS) *Wardell mo.*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Fernsco Co. Farm* DATE *Feb. 20* 1939

19. UNDERTAKER *None*  
(ADDRESS)

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 19* 1939

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

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

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

*gun shot a pistol in left side near arm pit in back. Bullet came out at the Right Breast*

Other contributory causes of importance: *172'*

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? *homicide* Date of injury *2/19*, 1939.

Where did injury occur? *Wardell mo*  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *gun shot in Body*  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify \_\_\_\_\_

(Signed) *Jack Kelly Coroner*  
*Hayti mo*  
(Address) \_\_\_\_\_

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 importa

RECEIVED

District Health Officer No. 3,

District File Number 39-22

Date Filed 3-14-39

RECEIVED  
DISTRICT HEALTH OFFICER NO. 3  
DISTRICT FILE NUMBER  
DATE FILED  
MAR 14 1939  
FACIA

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

11809  
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 1099  
(b) Township Little River Primary Registration District No. 5868  
(c) City..... (d) Street No..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cowboy Fred - only name known

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
apt 30

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farm  
9. Industry or business in which work was done, as saw mill, bank, etc. labor  
10. Date deceased last worked at this occupation (month and year) 2/18/39 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Judge Ford  
Hardell mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pemiscot farm DATE 2-20, 1939

19. FUNERAL DIRECTOR (ADDRESS) none

20. FILED 6-1, 1939 J.R. Cray  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17, 1939

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

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

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

gunshot in left side near arm  
gun in back bullet come in  
at right breast  
Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide..... Date of injury 2/19, 1939

Where did injury occur? Hardell (Specify city or town, county, and State)

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

Manner of injury gunshot in body

Nature of injury.....

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

If so, specify.....

(Signed) Jack Kelley card

(Address) Hardell mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
N. B.—Every item of information should be carefully supplied. ACC 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.

MAY 12 1959