

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

Do not use this space.

1937 DEC 15 1937

1. PLACE OF DEATH

County Holt Registration District No. 368

Township Lincoln Primary Registration District No. 3514

City Near Craig St. _____ Ward _____

File No. 39784

Registered No. _____

2. FULL NAME

(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 3 1/2 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Widowed

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

Unknown

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

Sept. 22, 1880

7. AGE

YEARS

59

MONTHS

DAYS

1 16

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Common laborer

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

On Farm

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

about 2 1/2 weeks ago

11. Total time (years) spent in this occupation

unknown

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

South of Craig, Mo.

13. NAME

Mr. Henry Spaulding

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

Unknown

15. MAIDEN NAME

Miss Lou Wells

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

Unknown

17. INFORMANT (ADDRESS)

Mrs. Roy Roland
Craig, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

S. O. O. F.

DATE

11-22 1937

19. UNDERTAKER (ADDRESS)

Scholar Bros
Craig, Mo.

20. FILED

11-22 1937

Ernie Swann
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov 11-8 1937

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:

Accident by hanging from several days after death

Date of onset

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? suicide Date of injury _____, 19____

Where did injury occur? _____ (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? No

If so, specify _____

(Signed) Dr. Perry Farom M. D.

320 (Address) Manly City Mo 4

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. ETHNIC ORIGIN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Case No. 11

District File No. 1239-1660

DEC 8 1939