

FILED MAY 9 1941

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

Do not use this space.

15584

1. PLACE OF DEATH

County PulaskiTownship CenterCity Waynesville (No. 1)Registration District No. 713Primary Registration District No. 5942

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Waynesville (Rural) No. 1 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

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 OFNot known

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

Jan 27 - 1877

7. AGE

YEARS

64

MONTHS

5

DAYS

8If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

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

Farmer

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)Paris FranceFATHER
MOTHER

13. NAME

Not known14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)France

15. MAIDEN NAME

Not known16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)France17. INFORMANT
(ADDRESS)Eugene E. Caguelard
495 R. Delaware St. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE COUNTY FARM DATE 4-8-4119. UNDERTAKER
(ADDRESS)J. L. Hooks & Sons
Waynesville, Mo.

20. FILED

37119 41City of Pulaski

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 6, 1941

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

I last saw E. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 3:40 P.M.

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

Date of onset

Gunshot (self inflicted)

Other contributory causes of importance

ill health 164Name of operation none Date of _____

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? suicide Date of injury 4-6-41Where did injury occur? Mar. Waynesville

(Specify city or town, county, and State)

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

Manner of injury Gunshot self-inflictedNature of injury Top of head blown off24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) C. M. Mallette, Coroner M. D.(Address) Waynesville, 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.

20789