

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

Do not use this space.

20186

**1. PLACE OF DEATH**

County..... Registration District No. 347  
Township..... Primary Registration District No. 6018  
City..... (No.....) St..... Ward.....

**2. FULL NAME**

UNKNOWN Hitchhiker

(a) Residence, No. Possibly Tulsa Okla Ward..... (If nonresident, give city or town and State)  
(Usual place of abode)

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) Don't know

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
about 68.

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

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) unknown

13. NAME     

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

15. MAIDEN NAME     

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

17. INFORMANT (ADDRESS)     

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 6-25-34

19. UNDERTAKER (ADDRESS) Med. DeLkewer & Co. Okla

20. FILED 6-26-34 J. R. Hampton Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16<sup>th</sup> 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1934, to     , 19    .

I last saw him at 3 P.M. June 16 1934. Death is said to have occurred on the date stated above, at      P. M.

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

accidental death. Caused by his jumping from a moving truck and striking his head on the curb of highway No. 13.

Other contributory causes of importance: 13.

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 June 16 1934

Where did injury occur? Med. DeLkewer & Co. Okla (Specify city or town, county, and State)

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

Manner of injury Jumped from moving truck

Nature of injury injury to head & neck

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) W. T. Jennings, Coroner

(Address) Okla. No. 11

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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

*10 1934*

