

OCT 10 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County CarrollRegistration District No. 135Township CarrolltonPrimary Registration District No. 3010City Carrollton (No.)File No. 32184Registered No. 85

St. Ward)

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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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)

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 Adkins DATE 9-6 1934

19. UNDERTAKER (ADDRESS)

20. FILED

9-61934

Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 28 1934, to Sept 4 1934I last saw him alive on Sept 4 1934 Death is saidto have occurred on the date stated above, at 4:30 A.M.

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

2076
Diphtheria from
Artillery. Bone off
in railroad accident.

Other contributory causes of importance:

Chest crushed
lung ruptured

Name of operation 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? accident Date of injury 8-28 1934Where did injury occur? Engene township, Carroll Co. Mo

(Specify city or town, county, and State)

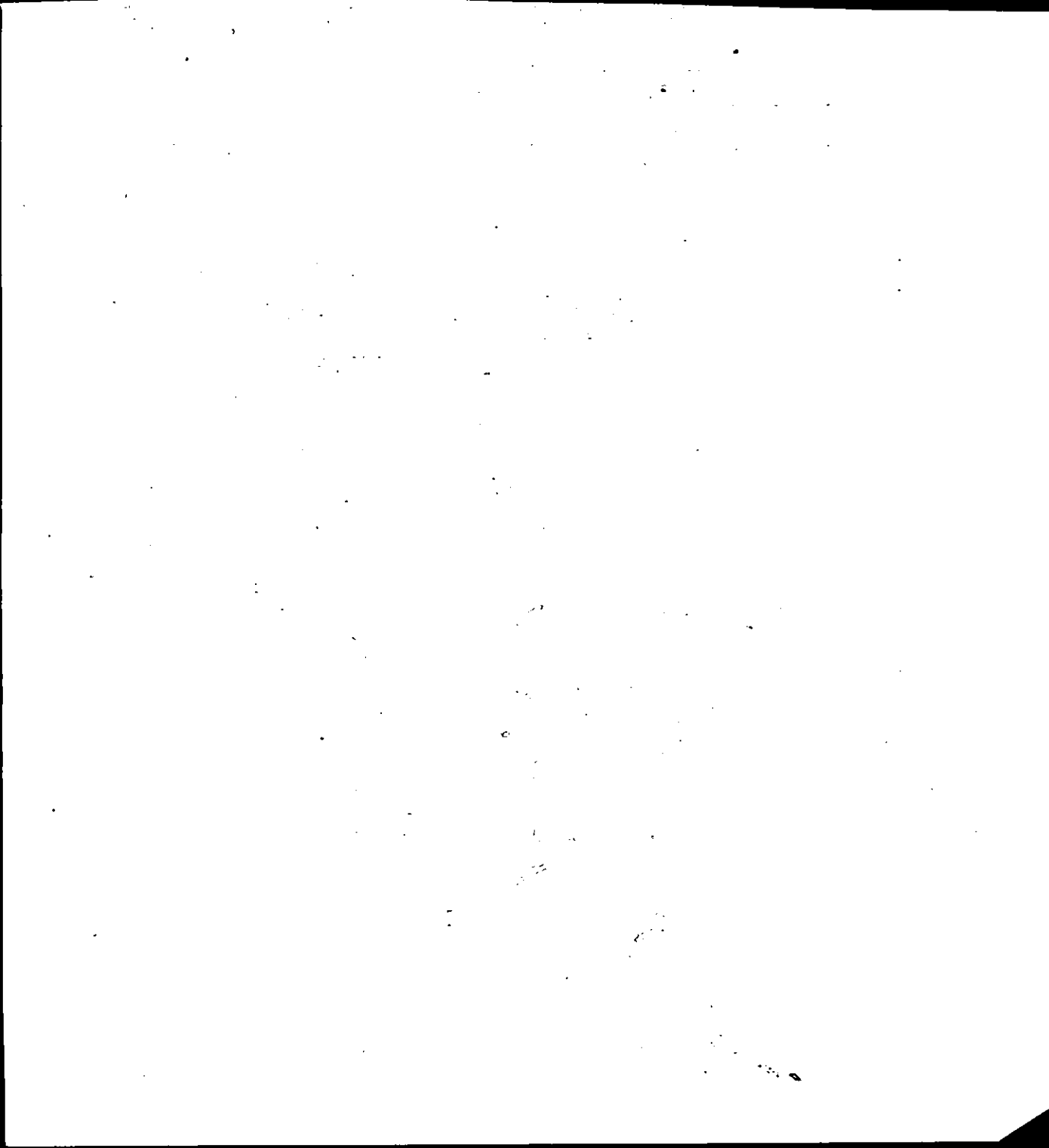
Specify whether injury occurred in industry, in home, or in public place.

Public place.Manner of injury supposedly hit by trainNature of injury bone off arm + ruptured lung & chest24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) P. W. Russell , M. D.(Address) Carrollton, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



Benson

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County *Carroll*
Township
City *Carrollton*

Registration District No. *135*
Primary Registration District No. *3010*

File No.
Registered No. *85*
St. Ward

2. FULL NAME

(a) Residence, No. *Gas Henry W. Grey* St. Ward

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS *67* MONTHS *0* DAYS *17* If LESS than 1 day, hrs. min.

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

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)

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 DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 *1919* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 4*, 19 *34*

22. I HEREBY CERTIFY That I attended deceased from *Aug. 28* to *Sept 4*, 19 *34*

I last saw *alive* on *Sept 4*, 19 *34* Death is said to have occurred on the date stated above, at *4:30 A.* m.

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

Sept 4 from arm
blast torn off in
Railroad accident
207
Other contributory causes of importance:
chest crushed
lung ruptured
Deceased was found near R.R. tracks.
with arm torn off & chest ruptured.

Name of operation Date of operation
What test confirmed diagnosis
Brain on R. side of skull

23. If death due to external causes (accident, suicide, or homicide), state the nature of the injury, and the date and place of occurrence.

Where did injury occur (Specify city or town, county, and State)
Early Aug. Carrollton Mo.
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?
If so, specify

(Signed) *R. M. Benson*, M. D.
(Address) *Carrollton Mo.*

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