

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

Do not use this space.

28698

1. PLACE OF DEATH

17 County Carroll Registration District No. 135
3 Township _____ Primary Registration District No. 3010
4 City Carrollton (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward. Excelsior Springs, Mo
(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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1905
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 8 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 233
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) Orwick Mo

13. NAME O.W. Allen

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

15. MAIDEN NAME Erna Brown

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

17. INFORMANT O.W. Allen (ADDRESS) Hansas City, Mo, 35 So. Bellvue

18. BURIAL, CREMATION, OR REMOVAL PLACE Orwick Mo DATE 9-4 1932

19. UNDERTAKER Herbert Hope (ADDRESS) Excelsior Springs, Mo

20. FILED 9-3 1932 Mr. E.E. Fambam Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 1932, to _____, 1932.
I last saw h. _____ alive on _____, 1932. 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:

165
suicide (5)
by hanging himself.
Other contributory causes of importance:
road trip in Carrollton Missouri

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? _____ Date of injury _____, 1932.
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?
If so, specify _____
(Signed) E. D. Kirkerson Coror., M.D.
(Address) Bozard 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.

SEP 22 1932

