

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

Do not use this space.

27792

1. PLACE OF DEATH

County Clay Registration District No. 198
 Township Trinity River Primary Registration District No. 3011
 City Excelsior Springs (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 110

2. FULL NAME

(a) Residence, No. Excelsior Springs Mo. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) June 24 - 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____hrs. or _____min.
	<u>2</u>	<u>2</u>	<u>1</u>	

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) Excelsior Springs Mo.

13. NAME William C. Halder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.

15. MAIDEN NAME Bessie Capps

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

17. INFORMANT William C. Halder
 (ADDRESS) Excelsior Springs

18. BURIAL, CREMATION, OR REMOVAL PLACE Cranberry Grove DATE Aug 26 - 1931

19. UNDERTAKER John C. Prather
 (ADDRESS) Excelsior Springs Mo.

20. FILED Aug 26 1931 J. D. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 35 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1931, to Aug 24 26, 1931

I last saw her alive on Aug 24-31, 1931. Death is said to have occurred on the date stated above, at 7:15 A.M.

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

hemorrhage of base of brain Date of onset _____
skull fracture
fall from 2nd story window

Other contributory causes of importance: _____

Name of operation skull fracture 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 8/24, 1931

Where did injury occur? at home Excelsior Springs Mo.

(Specify city or town, county, and State)

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

Manner of injury fell out of window 2nd story

Nature of injury fracture skull

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

If so, specify _____

(Signed) J. M. Cramer, M. D.

(Address) Excelsior Springs Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION as to cause of death should be stated EXACTLY. PHYSICIANS should state exact statement of OCCUPATION is very important. SEP 22 1931

