

OCT 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ray co
Township Ray Precinct
City Herrin (No.)

Registration District No. 744
Primary Registration District No. 5976B

File No. 35102*
Registered No. 81
St. Ward

2. FULL NAME

May Gertrude Kendrick (Kendrick)

(a) Residence, No. St. Ward.

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 Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/22-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 10 17

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

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) Hodge mo

13. NAME William Paugloun

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline co. Kans.

15. MAIDEN NAME Holbe Bill Ray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hodge, mo

17. INFORMANT William Paugloun (ADDRESS) Lexington

18. BURIAL, CREMATION, OR REMOVAL PLACE Waver, mo DATE 10/10/37

19. UNDERTAKER Winkler's Funeral Home (ADDRESS) Lexington, mo

20. FILED Oct 11, 1937 W. A. B. McDonald Registrar. (Address) Richmond, Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9, 1937

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

I last saw h. u. alive on, 1937. Death is said to have occurred on the date stated above, at about 9:40 P.M.

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

Struck by passenger train Highway NO. 13, crossing at Herrin, Mo. Body badly mutilated

Other contributory causes of importance:

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 Oct 9, 1937

Where did injury occur? Herrin, Mo. Highway 13 (Specify city or town, county, and State)

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

Manner of injury Struck by train

Nature of injury Train & Automobile

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. G. W. Spencer, M. D. (Address) Richmond, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. A. B.—every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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