

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

Do not use this space.

22200

18

1. PLACE OF DEATH

County Leopold Registration District No. 114
Township Butler Primary Registration District No. 5867
City Butterfield (No.) St. Ward)

File No.
Registered No.

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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Student
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/10/1913
7. AGE YEARS 17 MONTHS 10 DAYS 14 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21-1931

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

I last saw h. alive on 19.... 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:

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

Date of onset

Drowning - 183
accidental while
swimming in Wolf
Bayou. Got into hole
over his head and
could not swim

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haylett Geo

13. NAME Leah Welsh

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

15. MOTHER'S NAME Anna E. Lynn

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

17. INFORMANT (ADDRESS) Leah Welsh

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Butterfield Cemetery DATE 6-25-31

19. UNDERTAKER (ADDRESS) R. M. Calm

20. FILED 76 19 31

Name of operator 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 6/21/1931

Where did injury occur? Wolf Bayou, Cass Lot Co (Specify city or town, county, and State) mo

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

Manner of injury accident

Nature of injury

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

If so, specify

(Signed) James P. Vickrey M. D.

(Address) Braggadocio

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

JUL 27 1931

