

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

Do not use this space.

8053

1. PLACE OF DEATH

39 County Franklin Registration District No. 328
 3 Township Franklin Primary Registration District No. 2001
 5 City Franklin (No. 2001) St. _____ Ward)

File No. _____
 Registered No. 7

2. FULL NAME

(a) Residence, No. Brighton 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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 30 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>33</u>		<u>3</u>	<u>21</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) Mo

13. NAME Amos C. Cauls

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

15. MAIDEN NAME May

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

17. INFORMANT (ADDRESS) Amos C. Cauls Brighton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Bellefontaine 3/23 1932

19. UNDERTAKER (ADDRESS) Wm. H. ...

20. FILED Mar 20 1932 Mrs. M. S. Sanborn Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw him alive on Mar 21, 1932. Death is said to have occurred on the date stated above, at 2 a m.

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

Knife wound of heart
Struck while attempting to roll filling station 174
no Physicians in attendance

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 3-21, 1932

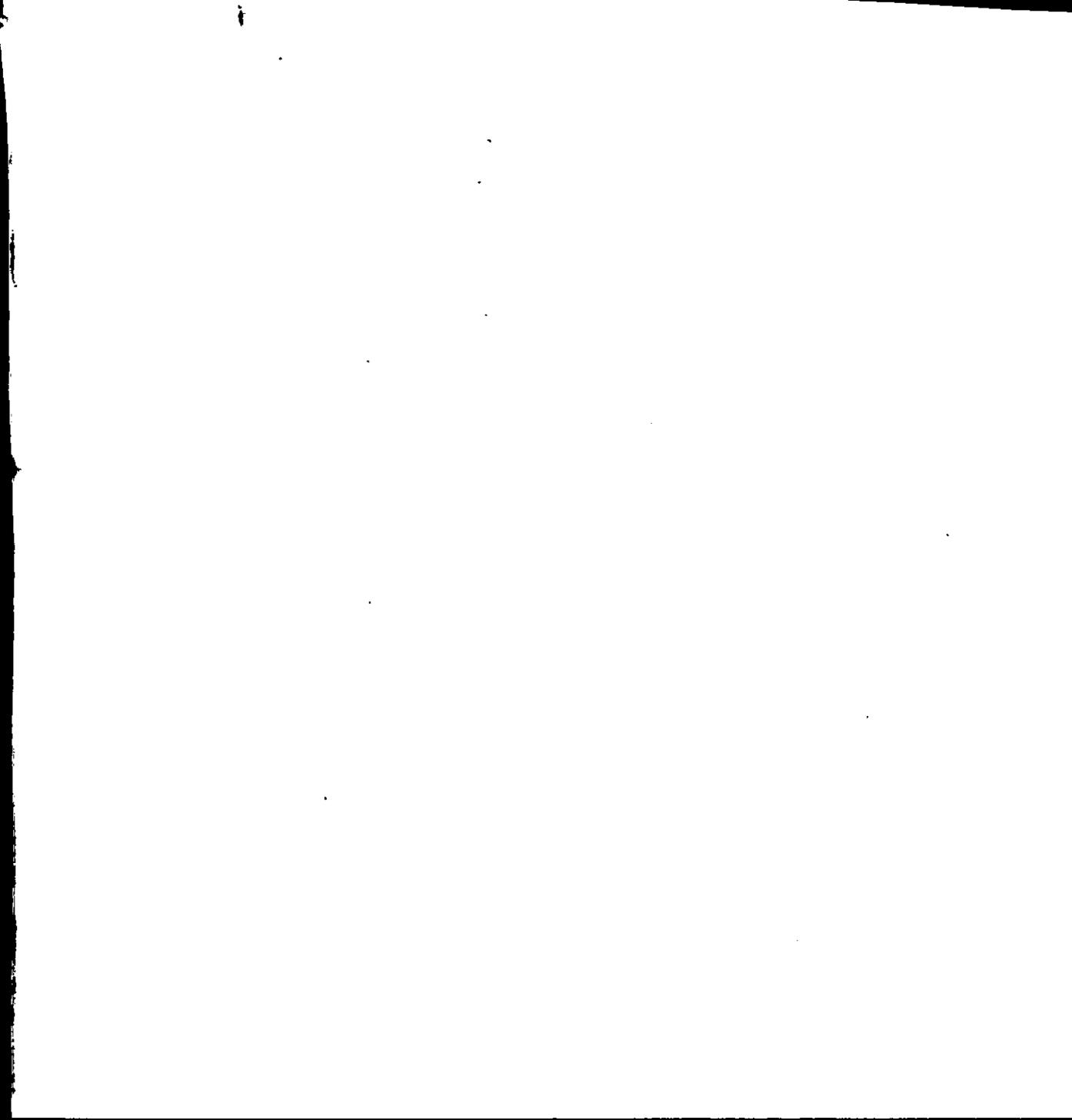
Where did injury occur? Some Car 7 hr
 (Specify city of town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home in public place

Manner of injury Knife strike
 Nature of injury Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) Wm. H. C. Stone, Coroner, M. D.
 (Address) Springfield, Mo

APR 2 1932



**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 Springfield Registration District No. 318
 Township Springfield Primary Registration District No. 2001
 City Springfield (No.) St. Ward

File No.
 Registered No.

2. FULL NAME

(a) Residence, No. Brighton 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

22. I HEREBY CERTIFY, That I attended deceased from to , 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30, 1898

I last saw him alive on Mar 21, 1932. Death is said to have occurred on the date stated above, at 2a

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>33</u>	<u>3</u>	<u>21</u>	

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.
 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

This wound of heart - washed while attempting to get falling station. No physician in attendance.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? yes

13. NAME James Eccless

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? homicide Date of injury 3-21, 1932
 Where did injury occur? Green Co (Specify city or town, county, and State)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

15. MAIDEN NAME Mary Barrett

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

17. INFORMANT Homer Eccless
 (ADDRESS) Brighton

18. BURIAL, CREMATION, OR REMOVAL PLACE Victory Grove DATE 3/23/32

19. UNDERTAKER H. S. Kohmeyer
 (ADDRESS) Springfield

20. FILED 5/10, 1932 For Sharp

24. Was disease or injury in any way related to occupation of deceased? If so, specify
 (Signed) Murray C. Stone, M. D.
 (Address) Springfield Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-8053