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

AUG 31 1936

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

Do not use this space.

1. PLACE OF DEATH
County: Warren
Township: Elkhorn Grove
City: (No. , St. Ward)
Registration District No.: 881
Primary Registration District No.: 6171
File No.: 29664
Registered No.: 23

2. FULL NAME: Dwight Ellsworth Updegraf
(a) Residence, No. (Usual place of abode) St., Ward. (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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 30 — 1913
7. AGE: YEARS 22. MONTHS 10. DAYS 9. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
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: 6 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Newton, Ind.

FATHER
13. NAME: Geo. H. Updegraf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Newton, Ind.

MOTHER
15. MAIDEN NAME: Alice M. Berry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calhoun Illinois

17. INFORMANT (ADDRESS): Geo. H. Updegraf R F D 1 Wright City Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mont Lebanon DATE: July 12 1936
Cemetery St Louis Co. Mo
19. UNDERTAKER (ADDRESS): F. W. Mehring Warrenton Mo
20. FILED: July 11 1936 A. W. Welling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 9th, 1936.
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 9 p.m.
The principal cause of death and related causes of importance were as follows:

Verdict of Coroners Jury. Came to his death by being struck by a truck driven by E. W. Fanks

Date of onset

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? ..... Date of injury: July 9, 1936
Where did injury occur? Highway 40 1½ miles East of Wright City Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury: Struck by truck
Nature of injury: General Crushing

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) F. H. Knigge, Coroner Warren Co. M.D.C.
(Address) Warrenton, Mo.