REC'D JUN 23 1938

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

Do not use this space.

19207

1. PLACE OF DEATH
County Phelps — Registration District No. 677
Township — Primary Registration District No. 4403
City Rolla (No. ..... St. ..... Ward)

File No. .....
Registered No. 80

2. FULL NAME Charles H. Hetzner
(a) Residence, No. Blooming Rose Home 325 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

3. SEX: M
4. COLOR OR RACE: Wh
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) May 5 1914

7. AGE: Years 24 | Months 0 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab. Lab. Lab. Lamp.
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver Colo

FATHER
13. NAME Harry Hetzner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany

MOTHER
15. MAIDEN NAME Emma Mikshee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo

17. INFORMANT (ADDRESS) Mrs Emma Hatfield Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crematorium DATE May 31 1938

19. UNDERTAKER (ADDRESS) Russell Bond Rolla Mo

20. FILED May 31 1938 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him ~~alive~~ on dead May 29, 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Right arm & Crushed scull. causing death Instantly	
JD	

Other contributory causes of importance:
was riding in CCC Truck and was hit by load of cedar poles on another truck striking him in head.

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 5-29 1938
Where did injury occur? 9 miles on Hwy 63 & 8 miles S of Rolla (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Public Road
Manner of injury .....
Nature of injury .....

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

(Signed) Oral E. Lickliter Coroner ~~M.D.~~
(Address) Lt James Mo

610

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