

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

Do not use this space.

REC'D APR 24 1939

1. PLACE OF DEATH
County Adair Registration District No. 804
Township Poehl Primary Registration District No. 5003
City Kirksville-Mo. (No. _____ St. _____ Ward _____)
253 Jett Lewis Nyswander
2. FULL NAME Greentop Mo
(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.

File No. 9867
Registered No. 56

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25 1919</u>		
7. AGE YEARS <u>19</u>	MONTHS <u>9</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printer</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year) <u>Greentop</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Otto R Nyswander</u> <u>Greentop Mo</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Bernice Pence</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wadenna Minn</u>		
17. INFORMANT <u>Otto Nyswander</u> <u>Greentop Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Greentop Mo</u> PLACE DATE <u>Mar 6 1939</u>		
19. UNDERTAKER <u>Dee Riley</u> <u>Kirksville Mo.</u>		
20. FILED <u>March 5, 1939</u> <u>Spencer L. Freeman</u> Registrar. <u>3</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Dead on my arrival, 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:
Crushed Skull, caused by auto accident car in which he was riding ran into rear of a moving truck

Other contributory causes of importance:
217 217

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3-4-1939
Where did injury occur? on highway 2.00 N. of Kirkville
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
public place

Manner of injury see above

Nature of injury see above

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

(Signed) L. D. Davis P.O. coroner, M. D.
(Address) Kirksville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-518

Date Filed APR 11 1939