

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

Do not use this space.

MAY 16 1939

1. PLACE OF DEATH

6 County Barton 3
Township Lamar
City 3rd (No. 1)

Registration District No. 40
Primary Registration District No. 403058

File No. 14160

Registered No. 20 (Ward)

2. FULL NAME

Clarence Fred

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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 Alta Fred

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5th 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 7 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. W. A.
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) Barton Co. Mo.

MOTHER FATHER 13. NAME S. B. Fred

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

15. MAIDEN NAME Effie Fred

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

17. INFORMANT Mrs. Pauline Watt (ADDRESS) Lamar Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moorefield Cemetery DATE 5-21-39

19. UNDERTAKER River Funeral Home (ADDRESS) Lamar Mo.

20. FILED 5-9- 1939 Mrs. Josephine Mynatt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 1939

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 9:40 pm.

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

Car he was riding in was struck by train 112 miles west of Lamar Mo. on highway 160 at 9:40 P.M.

Other contributory causes of importance: _____
J. D. M.

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 _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) C. E. Duckell, M. D.
(Address) Lamar Mo.

Coroner Barton Co, Mo.

WHITE-CARBET, WITH OMPADING INK--THIS IS A PERMANENT RECORD X704

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. 6,

District File Number 6-5-39-957

Date Filed MAY 9 1939