

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

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

AUG 18 1939

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26417

1. PLACE OF DEATH

County Osage  
Township Benton  
City Chamais

Registration District No. 639  
Primary Registration District No. 4383

File No. 26417  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Robert Frank Thuli

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 50 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 7-30-39, 1939, to 7-30-39, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 - 1886

I last saw him alive on 7-30, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 53 MONTHS 5 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Concussion of Brain Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mrs. Pac. R.R. Employee

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 \_\_\_\_\_

Other contributory causes of importance: Shock

12. BIRTHPLACE (CITY OR TOWN) Morrison Mo (STATE OR COUNTRY) Cass County Mo

13. NAME Anton J. Thuli

14. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Magdalena Greenfelder

16. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Kerner Thuli (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL Chamais Mo PLACE St. Marys Cemetery Aug 2 1939

19. UNDERTAKER Arnold Hummer (ADDRESS) Morrison Mo

20. FILED 8-1, 1939 Ether Sorder Registrar.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis Autopsy 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 7-30, 1939.  
Where did injury occur? Chamais Mo (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. on highway

Manner of injury hit by the auto mobile  
Nature of injury severed neck in city street

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W. V. McInelly, M. D.  
(Address) Chamais Mo

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