

FILED JUL 15 1940

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

22700  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Clair 2 Registration District No. 763  
(b) Township Butler 0 Primary Registration District No. 6005 Registered No. 8  
(c) City ..... (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 1600 Claude Terry  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Leona Terry  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) .....  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
45 20  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) June 1940 11. Total time (years) spent in this occupation .....  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.  
13. NAME Claude Lee Terry  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co.  
15. MAIDEN NAME Leona Royal  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisburg Mo. Boone County  
17. INFORMANT (ADDRESS) Leona Terry, Lowry City, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Lowry City DATE 6-23 1940  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pharmacia, Inc. Paeoe Mo.  
20. FILED 6/26 1940 Sophia S. Stratton (Address) Osceola  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21 1940  
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 3:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Accidentally killed while working on a bridge  
Skull Fracture  
Date of onset  
Other contributory causes of importance:  
186 lb over  
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 6-21, 1940  
Where did injury occur? 1 mi E of Lowry City (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. while working on bridge  
Manner of injury Skull Fracture  
Nature of injury Skull Fracture  
24. Was disease or injury in any way related to occupation of deceased? 1  
If so, specify .....  
(Signed) Skull Fracture Coroner. W.D.

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.

SIS-No-443-07-0060 - sent in 9-6-40

# Bridge collapsed and fell. Church  
deceased to death - Newspaper  
report - # M.S.

NOV 4 1943

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.