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Type of Data: Death Certificate

Source of Data: www.sos.mo.gov/archives/resources/deathcertificates/

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

Do not use this space.  
21530

1. PLACE OF DEATH  
County \_\_\_\_\_ Registration District No. 791  
Township \_\_\_\_\_ Primary Registration District No. 3093  
City St. Louis (No. City Sanitarium) St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Paul Robert X. Proffit  
(a) Residence. No. \_\_\_\_\_ St. 13 Ward. Lesterville, Mo.  
(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 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 Julia Proffit

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1884-3-30

7. AGE YEARS 44 MONTHS 2 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Reynolds County,  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Proffit

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Grace St. John

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Unknown.

14. INFORMANT Julia Proffit  
(Address) Kock Mo.

15. JUL 21 1930 Max C. Stark  
FILED \_\_\_\_\_ 19 \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/28/30. 19 \_\_\_\_\_

17. To Physician  
I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
hanging (sheet)  
while suffering temporary  
mental aberration  
115. (duration) \_\_\_\_\_ yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) suicide (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) John P. Sturges M.D.  
7/8, 1930 (Address) Deputy Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lesterville, Mo. DATE OF BURIAL 7/11 19 30

20. UNDERTAKER Robert J. Lamberton ADDRESS N 57

N. E.—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.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County..... Registration District No..... File No.....  
Township..... Primary Registration District No..... Registered No. 6717  
City..... (No. Sanstargum) St. .... Ward.....

2. FULL NAME

Robert Frank Proffit  
(a) Residence, No. 207 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 or (OR) WIFE of Julia Proffit

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/4/1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
44 4 4 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farm  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Leotenville  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John Proffit

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Julia Proffit  
(Address) 330 N. Maple St. Orange, Cal.

15. FILED 16-7 1933 man Starkoff

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1930

17. I HEREBY CERTIFY, That I attended deceased from .....  
that I last saw h..... to .....  
death occurred, on the date stated above, at.....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY.....  
(SECONDARY).....

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)..... M. D.  
. 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS