

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

Do not use this space.

27585

1. PLACE OF DEATH

County Jasper Registration District No. 406 File No. _____
 Township Pruntytown Primary Registration District No. 5560 Registered No. 12
 City Smithfield (No. _____) St. _____ Ward _____

2. FULL NAME

Emory L. Proctor

(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.

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 Jessie Proctor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12, 1903

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 | 10 | 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Lead & Zinc
 (b) General nature of industry, business, or establishment in which employed (or employer) Miner
 (c) Name of employer Kansas Exploration Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

10. NAME OF FATHER W.S. Proctor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Anna Blackwell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs Jessie Proctor
 (Address) Joplin Mo

15. 8-10-28 1928 C.W. Roney
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/8/28
 17. _____

I HEREBY CERTIFY, That I attended deceased from _____ 1928 to _____ 1928 that I last saw him alive on Aug 6, 1928 and that death occurred, on the date stated above, at 1845 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Crushing injury from falling roof in mine accident

2019
 CONTRIBUTORY (SECONDARY) _____
 (duration) yrs. mos. ds.

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) R.M. Starnes M.D.
 (Address) Wibbly, Coover

*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 Carl Junction Mo DATE OF BURIAL 8/10/28

20. UNDERTAKER Winkler's Med Co ADDRESS Joplin Mo

THIS IS A PERMANENT RECORD

K. 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.

