26 1930

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

Do not use this space.

12307

1. PLACE OF DEATH
County Greene
Township
City Springfield (No. Springfield Baptist Hospital St. Ward)
Registration District No. 318
Primary Registration District No. 2001
File No.
Registered No. 307

2. FULL NAME T. J. Clubb
(a) Residence. No. Greene Co. Jail 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE about YEARS 65 MONTHS DAYS 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) (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Peter W. Clubb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER Rhoda Starnes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va

14. INFORMANT Kathaleen Kennell
(Address) Springfield, Mo.

15. FILED 4-16, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-14 1930

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1930, to April 14, 1931, that I last saw him alive on April 14, 1931, and that death occurred, on the date stated above, at 3.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Basal fracture of skull caused from fall on head

1 hr (duration) 00 yrs. mos. 1½ ds.

CONTRIBUTORY (SECONDARY) Fall from "tank" in jail

Suicidal attempt (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas. A. George, M.D.
4-16, 1930 (Address) Springfield Mo

*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 Hazelwood Cemetery
DATE OF BURIAL April 19 1930

20. UNDERTAKER J. W. Klingner & Co. Springfield, Mo.
ADDRESS Mo.

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.

CAUSING INJURIES IS A PERMANENT RECORD

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