

MAY 2 1930

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

Do not use this space.

15195

## 1. PLACE OF DEATH

County Wright  
Township Clark  
City Norwood

Registration District No. 1127  
Primary Registration District No. 6226

File No. \_\_\_\_\_  
Registered No. 4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME J. C. Timmons

(a) Residence. No. Mountain View Missouri, 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 16, 1898

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.  
31 8 20

## 8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Jasper Co., Indiana  
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER A Timmons  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentland Co.  
(STATE OR COUNTRY) Indiana  
12. MAIDEN NAME OF MOTHER Audy Spriggs  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jasper Co.  
(STATE OR COUNTRY) Indiana

14. INFORMANT George Timmons  
(Address) Independance

15. FILED 4/20 30 T B Bouldin  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 th 19 30

17. I HEREBY CERTIFY, ~~That I am a doctor~~  
\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, and that  
death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

121A  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY)  
(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? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

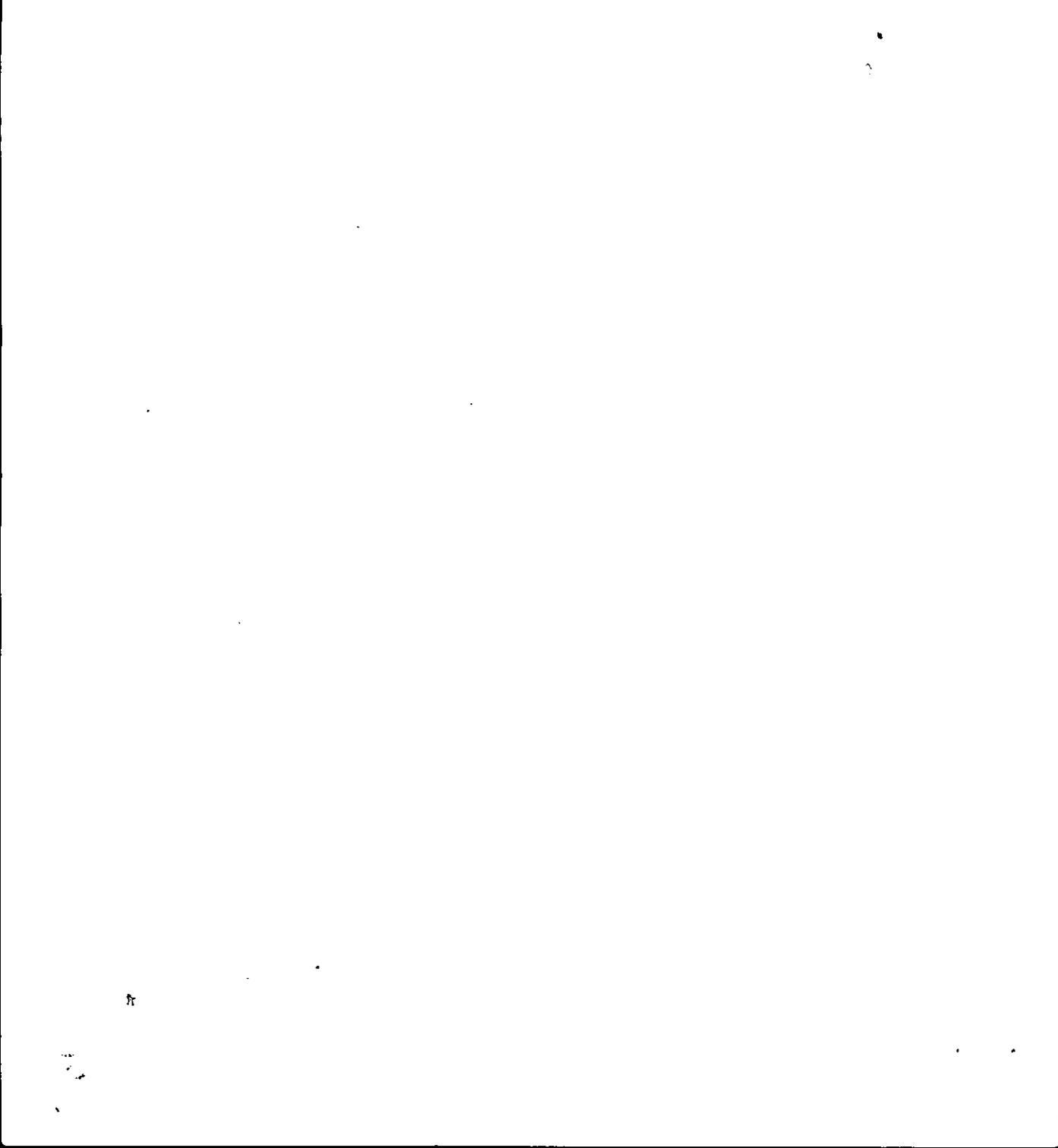
, 19 (Address)

\*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 Mountain View Mo DATE OF BURIAL April 18 Th, 1930

20. UNDERTAKER John Duncon ADDRESS Mountain View 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.



That I was with with the deceased  
from 8:30 P M., untill 9/30, P M. on  
night of April 6th, 1930. and that  
I last saw him alive about  
9 P M .in an ambulance, on the  
highway about three miles west  
of norwood, Mo., he was on his  
way to Springfield Mo, from ~~Mountain~~  
Mountain View, Mo, for the purpos  
of an operatin, for apendicites,  
acompanied by his father and  
John Duncon of Mountain View Mo,  
and myself; we returned amediatly  
to Mountain Grove Mo, where Dr, R A,  
Ryan examined the body and gave  
as his opinion that it was a  
ruptured apendex that caused the  
death.

*W. L. Botter*

Coroner of Mountain Grove Mo,  
Coroner of wright Co Mo.

56151  
(CE61)