

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

Do not use this space.

36702

1. PLACE OF DEATH

County Iron
Township Brookfield
City Brookfield (No.)

Registration District No. 496
Primary Registration District No. 3025

File No.
Registered No. 85
St. Ward

2. FULL NAME

(a) Residence. No. 121 - W Canal St. 4 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna M. McIntire

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug - 22 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 3

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

9. BIRTHPLACE (CITY OR TOWN) Brookfield
(STATE OR COUNTRY) MO

PARENTS
10. NAME OF FATHER James M. McIntire
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Jemsha Polley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not know
(STATE OR COUNTRY)

14. INFORMANT Elmer M. McIntire
(Address) Brookfield, MO

15. FILED 11/24, 1930 Thos. P. Horv
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 22 1930

17. I HEREBY CERTIFY that I attended deceased from accident, fell off on highway # 36 that I last saw him alive on Nov 22, 1930 and that death occurred, on the date stated above, at about 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental by being struck by an automobile on highway #36 1 mile east of Brookfield MO working on highway #36

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no, inquest
WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) V. D. Petucot, coroner, M. D.
, 19 (Address) Manueline, 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 Rose Hill DATE OF BURIAL Nov 25 1930

20. UNDERTAKER Ernie Brookfield
ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

221930

