MAR 26 1931

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

6471

1. PLACE OF DEATH

County: Nodaway — Registration District No.: 617 — File No.:

Township: White Cloud — Primary Registration District No.: 5818 — Registered No.: 6

City: (No. about 1 mile north of "Pumpkin Centre" St. Ward)

2. FULL NAME Jacob James From

(a) Residence. No. East First St., Maryville, Mo. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 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: Alice Ralston

6. DATE OF BIRTH (MONTH, DAY AND YEAR): November 9, 1906

7. AGE: Years 24 — Months 2 — Days 29 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: meat cutter 148
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Townsend Grocery Co.

9. BIRTHPLACE (CITY OR TOWN) near Clyde, (STATE OR COUNTRY) Missouri. 1

PARENTS

10. NAME OF FATHER: James P. From
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Denmark. 29
12. MAIDEN NAME OF MOTHER: Kjestina Skuv
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Denmark

14. INFORMANT (Address): Mrs. Mary From Mayes, 1012 East 5th St., Maryville, Mo.

15. FILED 2/9, 1931 Chas. D Humbrecht REGISTRAR
March 12-31 C. P. Fryer
MEC

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 8, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1931, to ___, 19___, that I last saw him alive on Feb. 8, 1931, and that death occurred, on the date stated above, at 8:30 p.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Injuries to brain, from fractures thru base of skull received in automobile accident
15 minutes (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) EIDM 2/10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? (see--over) 218

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Chas. D Humbrecht M.D.
2/8/, 1931 (Address) CORONER, NODAWAY CO., 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: Ravenwood (MO.) Cemetery. — DATE OF BURIAL: Feb 11 1931

20. UNDERTAKER: J. B. Cummins, — ADDRESS: Maryville, 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.

Accident occurred in Benton Township, Andrew Co., Mo., on Federal Highway #71, 1/2 mile south of Nodaway--Andrew County line; deceased died on way to hospital. Cause of accident= car turned over when veered too sharply to avoid striking unlighted wagon on highway.