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

Do not use this space.

10344

File No. .....

Registered No. .....

APR 23 1931

1. PLACE OF DEATH

County Jasper — Registration District No. 408

Township Marion — Primary Registration District No. ~~[illegible]~~

City Carthage No. — Mc Cune 3020 St. — Ward)

2. FULL NAME Jacques "Jack" M. Maret

(a) Residence No. ~~McCune Brooks Hosp~~ St., ... Ward. Joplin, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Wh	Mar.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25-1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	2	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor & Road

(b) General nature of industry, business, or establishment in which employed (or employer) Builder

(c) Name of employer Retired

9. BIRTHPLACE (CITY OR TOWN) Garrard Co.
(STATE OR COUNTRY) Ky

PARENTS

10. NAME OF FATHER Addison Maret

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Garrard Co
(STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Mary Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lincoln Co
(STATE OR COUNTRY) Ky

14. INFORMANT Jack W. Maret
(Address) Joplin Mo.

15. FILED Mch 19, 1931 E H Ketcham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 18 1931

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1931, to March 18, 1931 that I last saw him ~~alive~~ dead on March 18, 1931, and that death occurred, on the date stated above, at 9 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock resulting from being struck, as pedestrian, by automobile - Accident occurred Highway 66, East of Carthage, Mo.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 210M
(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) Leroy Simmons, M. D.

3/18, 1931 (Address) Coroner, Jasper 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	DATE OF BURIAL
Forest Park Cem	Mar. 19 1931

20. UNDERTAKER	ADDRESS
Frank Sievers Co	Joplin 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.