

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 421
 Townsh. Jopelin Primary Registration District No. 4249
 City Jopelin (No. 5376) St. _____ Ward _____

File No. 31655
 Registered No. 83

2. FULL NAME

Vernon Albert Marshbanks

(a) Residence, No. _____ 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 <u>male</u>	4. COLOR OF RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14 - 1928</u>		
7. AGE	YEARS <u>3</u>	MONTHS <u>4</u>
	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Albert Marshbanks</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Mo</u>	
MOTHER	15. MAIDEN NAME <u>Hellie Howard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Mo</u>	
17. INFORMANT (ADDRESS) <u>Hellie Marshbanks Richmond Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary Cemetery 9/20 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Lusk and Co. Jopelin Mo</u>		
20. FILED <u>9/19/31</u> <u>J. C. Rutledge Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Crown Point Mo first, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Complete fracture of skull + crushing of skull
 Date of onset _____

Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? Crown Point Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury Sept 18 1931
 Where did injury occur? U.S. Highway 61 - 2 miles South of Jopelin Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury Struck by bus wheel on road
 Nature of injury crushed skull

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Stacy Gibson Jr. M. D.
 (Address) Desoto, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 24 1931

