

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

Do not use this space.

41295

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Joplin Primary Registration District No. 2927
City Joplin (No. Freemantle Hospital St. Joplin Ward)

2. FULL NAME

(a) Residence, No. Samuel F Elliott St. Joplin Ward. (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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 - 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 9 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Picher Okla

FATHER 13. NAME Samuel H Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Kas

MOTHER 15. MAIDEN NAME Fern Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo

17. INFORMANT (ADDRESS) Samuel H Elliott

18. BURIAL, CREMATION OR REMOVAL PLACE By train DATE 12/17/31

19. UNDERTAKER (ADDRESS) Shireburn Co

20. FILED 12/14/31 U. Nelson Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12-1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1931 to Dec 12 1931
I last saw deceased alive on Dec 12 1931 Death is said

to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Fractured Skull
2104

Date of onset
12/11/31

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury 12/4/31

Where did injury occur? 73 St & R.C. O. crossing
(Specify city or town, county, or State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by auto

Nature of injury fractured skull and leg

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) Samuel F. Simmons M. D.
(Address) Joplin, 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 very important.

