

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

Do not use this space.

16471
4

1. PLACE OF DEATH

49 County Jasper Registration District No. 411
7 Township Joplin Mo Primary Registration District No. 2002
9 City Joplin Mo St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Freeman Hosp. 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 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 Emma Bornmaster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Wheeler 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 — 10 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail, 156

10. Date deceased last worked at this occupation (month and year) 3 weeks ago 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland?

13. NAME Max Bornmaster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

15. MAIDEN NAME Ethel Bernois

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT Ben Bornmaster (ADDRESS) Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman Hosp. DATE May 4, 1932

19. UNDERTAKER Frank Sieverts (ADDRESS) Joplin Mo

20. FILED 5/4 1932 W. Benson Clark Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1932, to May 3, 1932.
I last saw him alive on May 3rd, 1932. Death is said to have occurred on the date stated above, at 9 P.M.

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

Compacted fracture of skull. Date of onset Apr. 15, 1932
813 (D)

Other contributory causes of importance: Lesion of brain tissue.

Name of operation Craniotomy Date of 4/5/32

What test confirmed diagnosis? Chem. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 7/15, 1932

Where did injury occur? near Joplin, Jasper Co. Mo. (Specify city or town, county, and State)

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

Manner of injury auto accident

Nature of injury comp. fr. skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify. (Signed) W. L. Tuff

(Address) 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.

MAY 23 1932

M. B. - Board of Directors
M. B. - Board of Directors

Patricia - Board of Directors
Patricia - Board of Directors

Patricia - Board of Directors
Patricia - Board of Directors

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wasper
Township _____
City Joplin (No. _____)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME Louis Bonmaster

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.

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) _____

MOTHER / FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL _____

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED 7/27 A. Benson Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 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:

Coronal fracture of skull
Date of onset _____

Other contributory causes of importance:
degeneration of brain tissue

Name of operation 210 Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Highway
Nature of injury Auto accident - death in car

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) _____, M. D.
(Address) _____

SUPPLEMENTARY

Information should be carefully supplied by AG's should be stated EXACTLY. PHYSICIAN should be stated EXACTLY. Exact statement of OCCUPATION is very important. DEATH should be stated EXACTLY. PHYSICIAN should be stated EXACTLY. Exact statement of OCCUPATION is very important. DEATH should be stated EXACTLY. PHYSICIAN should be stated EXACTLY. Exact statement of OCCUPATION is very important.

FEE SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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