

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County JasperRegistration District No. 411Township PeelanaPrimary Registration District No. 2002City Joplin(No. 615 East 15th St)

St. _____ Ward _____

File No. 5384

Registered No. _____

2. FULL NAME

(a) Residence, No. 15th & Mo St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

June 12 1926

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. _____ min.

784

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.

Scholar

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

g

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)

Kansas City Mo

13. NAME

John Aubrey Anders

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

Mo

15. MAIDEN NAME

Mattie Creason

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

Mo

17. INFORMANT (ADDRESS)

John Anders, Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Fairview

DATE

Feb 20 1934

19. UNDERTAKER (ADDRESS)

Langford Marbury, Joplin, Mo.

20. FILED

2201934Ed J. [unclear]

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1934

22. I HEREBY CERTIFY, That I attended deceased from

Feb 17 1934 to Feb 19 1934I last saw him on Feb 17 1934 Death is saidto have occurred on the date stated above, at 1:45 P.M.

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

Compound fracture of skull occiput L.S. Fract 1-2-3 cerebral contusion

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

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 2-17, 1934Where did injury occur? 1500 Ohio Joplin Mo

(Specify city or town, county, and State)

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

Manner of injury hit by oil truckNature of injury Comp fract skull being

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

If so, specify

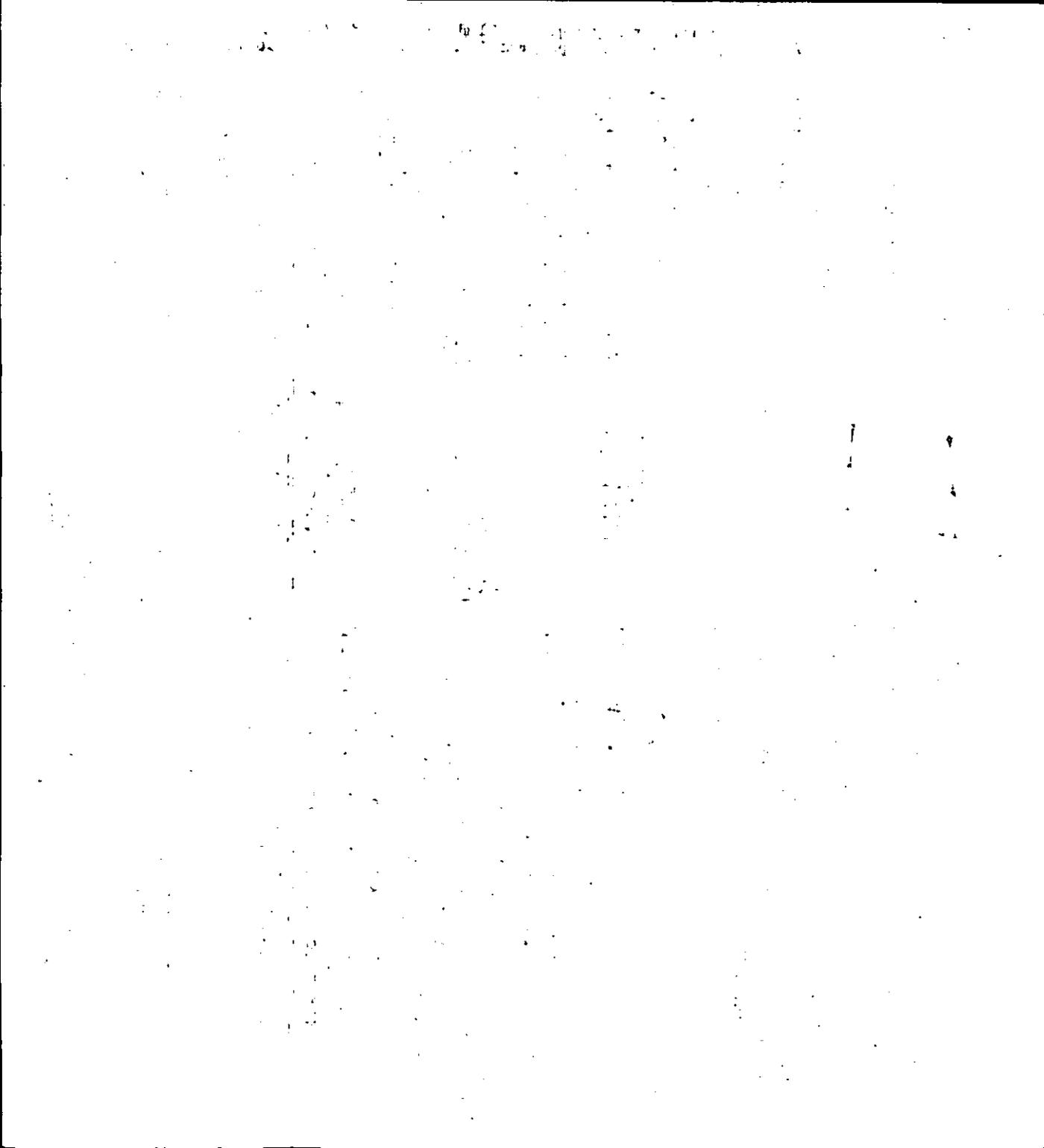
(Signed)

(Address)

W. H. [unclear] Coldwell

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.

49
2
5



DR. ED D. JAMES

Office 826-7-8 Frisco Building
Office Phone 2600

Reg. No. 6992

Residence 710 North Byers Ave.
Residence Phone 4489

FOR..... DATE

R

Cause of Death:

Compound fracture skull; occiput
Left side; Fracture 1-2-3 cervical
Vertebrae.

TAKE THIS TO
COOL'S 4TH ST. DRUG STORE
West 4th St., Joplin, Mo.
Phones 887-888

.....M. D.

5-5384