

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.

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

Do not use this space.

12291

MAY 25 1934

1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson City (No. 330 E. Miller St) St. _____ Ward _____

File No. 111
Registered No. _____
St. _____ Ward _____

2. FULL NAME James Wiersman English

(a) Residence, No. Marion 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 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 Married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/7/1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
60 1 25

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

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 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Mo

13. NAME Unknown

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

15. MAIDEN NAME _____

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

17. INFORMANT Mr. H. D. Wade (ADDRESS) 413 Miller St

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE 4/4/1934

19. UNDERTAKER Heinrichs Funeral Home (ADDRESS) Jefferson City

20. FILED 447 1934 W. H. Spad ML Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2-1934

22. I HEREBY CERTIFY, That I attended deceased from I did not attend deceased
I last saw h. alive on, 19. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Well dugging Basement steps striking head on concrete floor
440

Other contributory causes of importance: Was in an intoxicatal condition, wandered around and did not know basement

Name of operation steps run thru 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 4-2-1934

Where did injury occur Jefferson City Cole Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home of Don Cleveland
Manner of injury fell from basement on steps
Nature of injury fractured skull, & broken neck

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____ (Signed) Dr. R. E. Weaver (Address) Russellville Mo

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