

OCT 17 1934

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

Do not use this space.

33554

103

1. PLACE OF DEATH

County Newton
Township Neosho
City (No.) St. Ward)

Registration District No. 609
Primary Registration District No. 5908

File No.
Registered No.

2. FULL NAME

(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 OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not Pastore</u>		
7. AGE YEARS <u>about 35</u>	MONTHS	DAYS
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER	13. NAME <u>J. H. Thoymartin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Nellie Howell</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
	17. INFORMANT (ADDRESS) <u>Tom Thoymartin Neosho Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Belmont Cem. Neosho Mo</u>	DATE <u>Sept 18 34</u>
19. UNDERTAKER (ADDRESS) <u>Benjamin Neosho Mo</u>		
20. FILED <u>Oct 10 1934</u> <u>Dr. W. M. Roseberry</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., 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:

Fractured Skull -
broken right leg -
body lacerations
sustained when hit by
automobile driven by
Robert Spencer of Goodman Mo
on highway # 71 - 1 1/2 miles
south of Neosho Mo.

Other contributory causes of importance:
Robert Spencer of Goodman Mo
on highway # 71 - 1 1/2 miles
south of Neosho Mo.

Name of operation 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 9/15 1934
Where did injury occur? near Neosho Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
on highway # 71

Manner of injury struck by automobile
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Ashley R. K. Crow
(Address) Neosho 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.

