

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

✓ Do not use this space.

34850

1. PLACE OF DEATH
 County St. Louis Registration District No. 1123
 Township Cassville Primary Registration District No. 6248 B3
 City Jefferson Barracks, Mo. Veterans Administration Facility St. 349 Ward)

2. FULL NAME John E. BINS
 (a) Residence, No. Festus, 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 <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 <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 20, 1897</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>11</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unavailable</u>		
10. Date deceased last worked at this occupation (month and year) <u>Unavailable</u>		
11. Total time (years) spent in this occupation <u>Unavail-</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Festus Missouri</u>		
13. NAME <u>John Bins</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Festus Missouri</u>		
15. MAIDEN NAME <u>Elizabeth Rohl</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable Germany</u>		
17. INFORMANT <u>C. H. SMITH, M.D., Clinical Director</u> (ADDRESS) <u>Vets. Adm. Bldg., Festus, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Festus</u> DATE <u>9/27</u> 19 <u>34</u>		
19. UNDERTAKER <u>Fine and Co.</u> (ADDRESS) <u>Festus Mo.</u>		
20. FILED <u>9-25</u> 19 <u>34</u> <u>B. H. Tate M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 24, 1934

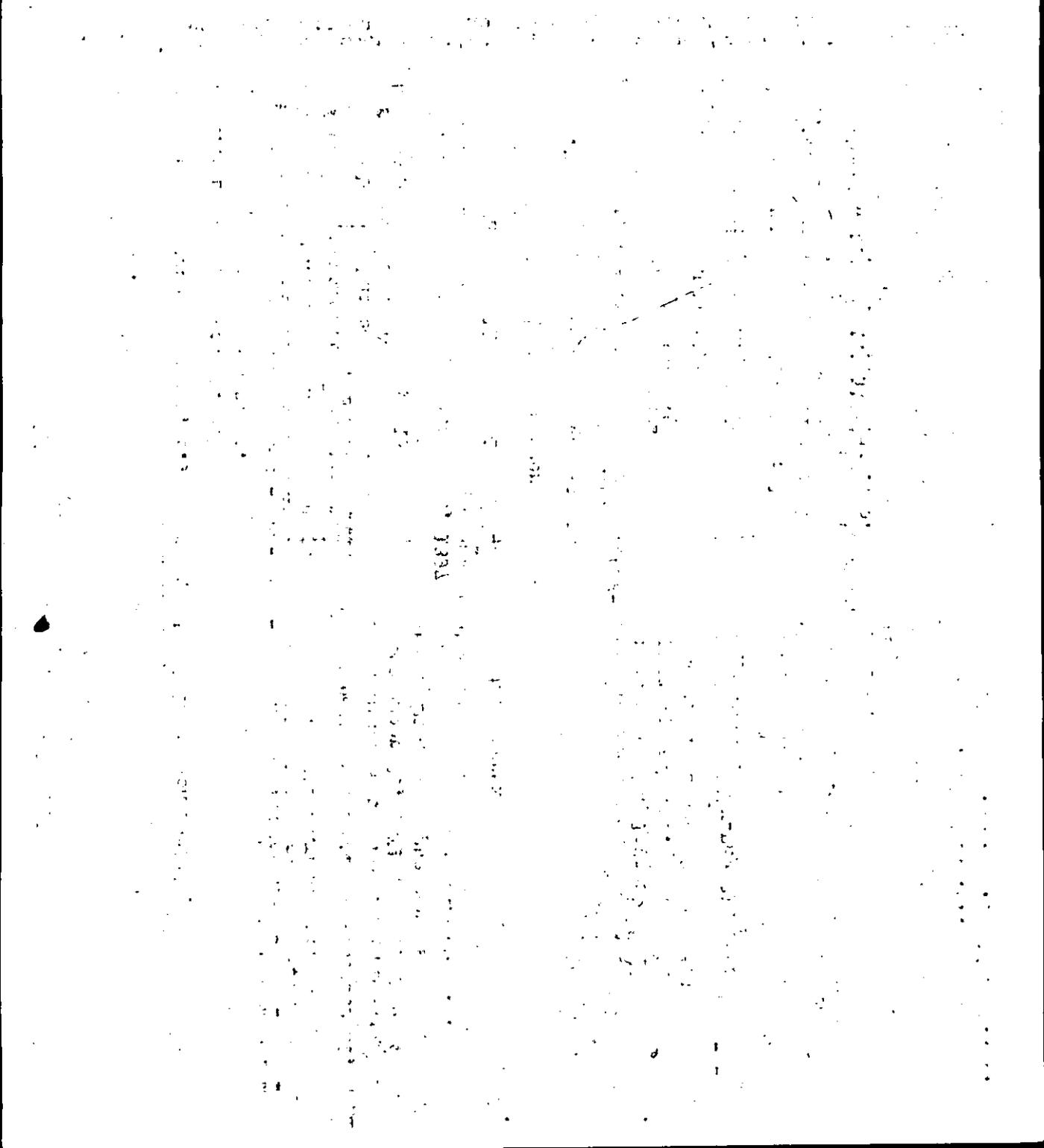
22. I HEREBY CERTIFY, That I attended deceased from September 23, 1934, to September 24, 1934
 I last saw him alive on September 24, 1934 Death is said to have occurred on the date stated above, at 6:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Hemothorax
Fracture 6 ribs left side with puncture of lung.
Compound fracture of left Tibia
 Other contributory causes of importance:
Fracture 6 ribs left side with puncture of lung.
Compound fracture of left Tibia
 Name of operation None Date of _____
 What test confirmed diagnosis? X-Ray findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. C. GIBSON, M.D., M.P.H., M. D.
 (Address) Vets. Adm. Fac., Jeff. Bks., 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.



**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 St. Louis Registration District No. 1123
 Township Carroll Primary Registration District No. 024813
 City Jefferson Barnes St. _____ Ward _____

2. FULL NAME John E. Buss
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20 - 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>36</u>	<u>11</u>	<u>4</u>	

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Neurothorax
Cause of accident unknown - but unreliable information points to automobile
2 ribs
 Other contributory causes of importance:
fracture 6 ribs left side with puncture of lung
compound fracture of left tibia

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? _____ Date of injury _____, 19____.
 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) _____, M. D.
 (Address) _____

SUPPLEMENTARY

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

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 _____, 19____ B. F. Tate per
 Registrar
H. T. Mowery

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

S-34850

