

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County *Jasper*
Township
City

Registration District No. *4091*

Primary Registration District No. *4242*

File No. *36373*

Registered No. *27*

2. FULL NAME

(a) Residence, No. *4th & Schindler*
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

(If nonresident, give city or town and State)
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*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF *Rosa J. Jans* (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 12 1879*

7. AGE YEARS *55* MONTHS *-* DAYS *18* If LESS than 1 day, hrs. or min.

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

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

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*

13. NAME *Thomas J. Jans*

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

15. MAIDEN NAME *Amanda Lawson*

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

17. INFORMANT (ADDRESS) *Mrs. Amanda Jans*

18. BURIAL, CREMATION, OR REMOVAL *Men Park* DATE *11-9-34*

19. UNDERTAKER (ADDRESS) *Hurthelent Co*

20. FILED *11/24/34* 19 *W. J. Gaddis* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 30 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 31* 1934 to *Oct 31* 1934

I last saw him alive on *Oct 31* 1934 Death is said to have occurred on the date stated above, at *10* m.

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

accidental death
Carbon monoxide gas
(heated gas)
178A

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? *178* Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *suicide* 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

Nature of injury

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

If so, specify

(Signed) *W. J. Gaddis* M. D.

(Address) *Jasper*

