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

DEC 19 1934

Do not use this space.

40171

File No. 121

Registered No.

1. PLACE OF DEATH
County Newton — Registration District No. 609
Township N. Benton — Primary Registration District No. 5809
City (No. St. Ward)

2. FULL NAME Herbert Crumbliss

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	21	10	19	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neosho Missouri

FATHER
13. NAME Ralph Crumbliss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neosho Mo.

MOTHER
15. MAIDEN NAME Anna Horner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Ralph Crumbliss Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakwood Cem DATE Nov 13, 34

19. UNDERTAKER (ADDRESS) Bigham's Neosho Mo

20. FILED Nov 10, 1934 Dr. E. M. Roseberry Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10, 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 10:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken neck, fractured skull, crushed chest-received in automobile accident 7 miles S.W. of Neosho on side road near McElhany - occupant of car driven by Joe Anderson + car overturned + Driver exonerated	2 hrs

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? S.D. 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 11-10, 1934
Where did injury occur? Newton County Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Road
Manner of injury automobile accident
Nature of injury Broken neck.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Ashley Bigham Coroner
(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.
WHITE PAPER, WITH SHADING INDICATING IS A PERMANENT RECORD