

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.

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

Do not use this space.

DEC 19 1934

1. PLACE OF DEATH

County Newton Registration District No. 1046
Township Shoal Creek Primary Registration District No. 3810
City Joplin No. 2304 St. _____ Ward _____

File No. 40183
Registered No. 20

2. FULL NAME

(e) 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED—(write the word) widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 1886
7. AGE YEARS 48 MONTHS _____ DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid
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) Home
13. NAME A. P. Horton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record
15. MAIDEN NAME Dulcena McDaniel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT (ADDRESS) Velma Mathett
18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 11-21-34
19. UNDERTAKER (ADDRESS) J. J. J. J. J.

20. FILED 11/21 1934 Registrar J. J. J. J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 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:
Gun Shot Wound in left arm and entire head shot off by charge of 12 gauge shot fired in the hands of _____
Other contributory causes of importance: struck head, Homicide

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? homicide Date of injury 11-19-34
Where did injury occur? near Joplin 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 _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Ashley Bigham Corrected
(Address) 817 North 1st St. Joplin Mo

