

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

Do not use this space.

9551

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper

Registration District No. 411
Primary Registration District No. 2092

File No. _____
Registered No. _____
Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17-1935

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

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1935, to March 13, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29, 1896

I last saw him live on Mar 13, 1935. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS 38 MONTHS 2 DAYS 17 IF LESS than 1 day, _____ hrs. _____ min.

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

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

Date of onset _____

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

Suffocation -!
clothing burst off head
accidentally -!
maneuver unskillful

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany, Ga.

This man found dead in a box car - 12 c Southern Railway
just before he

13. NAME Cottrell

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME No record

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

Accident, suicide, or homicide? Accident Date of injury 3-15-1935

17. INFORMANT (ADDRESS) Fed Transit Bureau

Where did injury occur? Jasper, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jasper DATE 3/19/35

(Specify city or town, county, and State)

19. UNDERTAKER (ADDRESS) Jasper, Mo.

Specify whether injury occurred in industry, in home, or in public place. Public place

20. FILED 3-18-1935 Jasper Registrar.

Manner of injury _____

Nature of injury _____

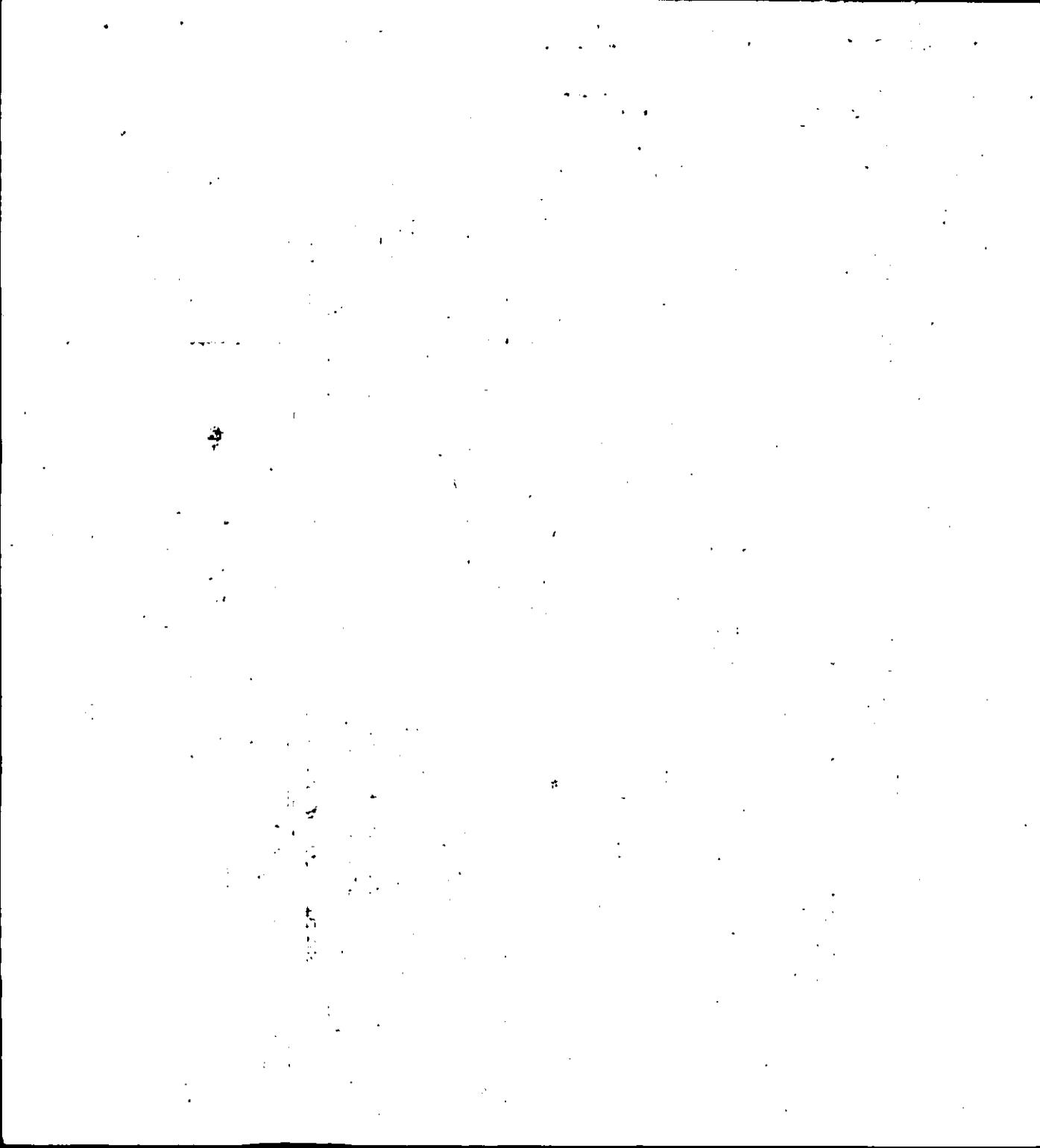
24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. J. Hagan, M. D.

(Address) Jasper, 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.



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Transcript furnished

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. Do not use this space.

1. PLACE OF DEATH

County *Jasper*
Township *Jasper*
City *Jasper* (No. _____)

Registration District No. *411*
Primary Registration District No. *2002*

File No. *9551*
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Sam John Cottrell

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *S.*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 17 1935*

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
First saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 yrs. or less than 1 mo. *58 2 17*

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

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 _____

Suffocation 181
clothing burned off body, accidentally, in fire in manner understood
Date of onset _____

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

Other contributory causes of importance:
man was found in a box car in N.C. Southern yards Jasper Mo
Box car did not burn
no information available at inquest

FATHER 13. NAME _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accident* Date of injury *3-15-35*

Where did injury occur? *Jasper Mo*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. *Public Place*

17. INFORMANT (ADDRESS) _____

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

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

20. FILED *3-18 1935 - Ed D James*
Registrar.

CLEVELAND

MEMORANDUM

5-9551