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.

AUG 22 1935

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

Do not use this space.

24139

1. PLACE OF DEATH

County Ray — Registration District No. 740 — File No. 11

84 Township Crooked river — Primary Registration District No. 5975 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME James Thomas Freeman

(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. 63 mos. 4 ds. 4 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 28. 1872

7. AGE: YEARS 63 — MONTHS 4 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

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.: all his life
10. Date deceased last worked at this occupation (month and year): July 27 35
11. Total time (years) spent in this occupation: .....

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

FATHER

13. NAME: James Freeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Elizabeth Fountain
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

17. INFORMANT (ADDRESS): Mr Jim Freeman Hardin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hardin Cem DATE July 29 1935

19. UNDERTAKER (ADDRESS): Jno W. Knipschild Hardin Mo

20. FILED July 9th 1935 R. L. Willeford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 27, 1935

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 6 P m.

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

Accidentally fell on pavement while riding on truck

Date of onset

Other contributory causes of importance: None

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, suicide, or homicide? accident Date of injury July 27 1935

Where did injury occur? Near Hardin Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway #10

Manner of injury Fell on pavement off

Nature of injury Fractured [illegible]

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E. E. Lay Coroner M. D.

(Address) Richmond Ray Co Mo