

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

Do not use this space.

NOV 19 1935

32053

1. PLACE OF DEATH

County Callaway Registration District No. 508
Township Primary Registration District No. 5237A
City No. St. Ward

2. FULL NAME

Henry D. Jerbs
(a) Residence, No. 3938 Page - Joplin, Missouri (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Jerbs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9, 1902
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 33 0 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
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) Missouri

13. NAME H. D. Jerbs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lennie Eades

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Charlette Nyland (ADDRESS) 4012 Main Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Berier, Mo DATE Oct 21 1935

19. UNDERTAKER Geo. G. Ullad (ADDRESS)

20. FILED Oct 22 1935 Mrs. R. S. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 20th 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 7-6 m.

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

Skull crushed from Automobile Collision on bridge over Linn creek on U.S. Highway #40. Date of onset 20

Other contributory causes of importance:

Name of operation Date of

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. 20th Date of injury Oct 20 1935

Where did injury occur? On U.S. Highway #40. (Specify city or town, county, and State)

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

Manner of injury crushed skull from
Nature of injury Automobile Collision

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

If so, specify

(Signed) A. W. Holman - Coroner
(Address) Callaway - Mo.

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.

