

NOV 26 1935

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

Do not use this space.

33099

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
Township Atkins Primary Registration District No. 2902 Registered No. _____
City Joplin (No. St. Johns Hospital) St. _____ Ward _____

2. FULL NAME

Jack Wendell Rollins
(a) Residence, No. noel, mo St. _____ Ward. noel, mo.
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 yrs. 0 months 17 days

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. Student
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) Russellville, Alabama

13. NAME Wheland Wendell Rollins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russellville, Alabama

15. MAIDEN NAME Evelyn Patterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherokee, Alabama

17. INFORMANT (ADDRESS) Mrs. W. R. Rollins
noel, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE noel, mo DATE 10-31, 35

19. UNDERTAKER (ADDRESS) Chas W. Verbleaus
Goodman, mo

20. FILED 10-31 1935 - Ed Dumas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct-29, 1935 to Oct-30, 1935

I last saw him alive on Oct 30, 1935 Death is said to have occurred on the date stated above, at 6:05 p.m.

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

Brain injury caused by being struck by auto on highway Date of onset _____

Other contributory causes of importance: NO

Name of operation NO 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? Accident Date of injury 10-29, 1935

Where did injury occur? near noel, mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public highway # 11

Manner of injury Struck by auto

Nature of injury Brain injury

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

If so, specify _____

(Signed) W. Verbleaus, M. D.

(Address) Joplin, 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.

MISSOURI STATE BOARD OF HEALTH - BUREAU OF VITAL STATISTICS - DEPARTMENT OF HEALTH

Goodman