

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.

37100

DEC 20 1935

1. PLACE OF DEATH

County Ripley
Township Shirley
City Doniphan

Registration District No. 750
Primary Registration District No. 6246

File No. 13
Registered No. 1338
St. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-15-1908</u>		
7. AGE YEARS <u>27</u>	MONTHS <u>4</u>	DAYS <u>1</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Pine Mo.
(STATE OR COUNTRY)

13. NAME Charley Austin

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

15. MAIDEN NAME Ruby Sprague

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

17. INFORMANT Jesse Keel Doniphan, Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Ridge, West DATE 11-17-35

19. UNDERTAKER J. J. Doniphan
(ADDRESS)

20. FILED 11-17-35 E. B. Johnston
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16-1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ 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:

Accident Death Caused by
Auto Collid. on November 16 th
1935 at a bout 9.0 AM. accident
happened in Ripley County, Mo.
a bout 12 mile west of Doniphan.
Other contributory causes of importance: on Road no 42.

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? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) J. J. Doniphan Coroner for _____

(Address) Ripley County, Mo. Doniphan, Mo.

