

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.

OCT 21 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

30475

1. PLACE OF DEATH

County DunklinRegistration District No. 288Township IndependencePrimary Registration District No. 6406

City _____ (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Lake City Ark. 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

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edna Alphin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6, 1889</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>2</u>	DAYS <u>16</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>Truck driver</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug. 21, 1936</u>	
11. Total time (years) spent in this occupation <u>X</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hotter Ark</u>		
FATHER	13. NAME <u>Taylor B. Alphin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT (ADDRESS) <u>Edna Alphin</u> <u>Lake City Ark</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lake City Ark</u> DATE <u>Aug 23, 36</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. H. H. H. H. H.</u> <u>Hotter Ark</u>		
20. FILED <u>Sept 26, 1936</u> <u>Thurmond</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Unattended, 1936, by physician.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8 P.m.

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

By being accidentally struck on the head by a Dr. Pepper Truck driving south with Mr. Albert Arnold at the wheel

Other contributory causes of importance: 210M

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 Accident. Date of injury Aug. 21, 1936

Where did injury occur? Dunklin Co. Mo. (Specify city or town, county, and State)

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

Manner of injury Being struck on head by corner of truck

Nature of injury fracture of skull

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

If so, specify _____

(Signed) J. J. Rigdon Coroner, M. D.

(Address) Hotter, Mo.

