

OCT 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County Springfield  
Township Springfield No. 2  
City St. John

Registration District No. 318  
Primary Registration District No. 320

File No. 34137  
Registered No. 767  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1001 Orleans La 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/6 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 9/6 1936, to 9/6 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16 1914

I last saw h. alive on 9/6 1936 Death is said to have occurred on the date stated above, at 2:20 pm

7. AGE YEARS 22 MONTHS 5 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk  
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 \_\_\_\_\_

Skull fracture and laceration of brain Date of onset 9/6/36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La

Other contributory causes of importance: None

13. NAME W. J. Duffer

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cloned Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 9/6 1936

15. MAIDEN NAME Martha J. Duffer

Where did injury occur? On "66" - 16 miles west of Springfield (Specify city or town, county, and State) No

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

Specify whether injury occurred in industry, in home, or in public place. Public place (car hit bridge)

17. INFORMANT (ADDRESS) W. J. Duffer 1001 Orleans La

Manner of injury Automobile Accident  
Nature of injury Skull fracture & brain laceration

18. BURIAL, CREMATION, OR REMOVAL PLACE New Orleans DATE 9/8 1936

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Springfield Mo

(Signed) W. J. Duffer M. D.  
(Address) Springfield Mo

20. FILED 9-9 1936 Dr. Chas. George Registrar

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

