

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

Do not use this space.

FEB 18 1937

1. PLACE OF DEATH

County Licking

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph (No. St. Joseph Hosp)

File No. 5101

Registered No. 185

St. Ward

2. FULL NAME James Samuel Withrow

(a) Residence, No. 1819 Beckett 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12-37

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

22. I HEREBY CERTIFY, That I attended deceased from 2-12, 1937, to , 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10-1881

I last saw alive on , 19 . Death is said to have occurred on the date stated above, at .

7. AGE YEARS 55 MONTHS 6 DAYS 2 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:
Suicide By Gun Shot Date of onset

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) Feb 7-37

11. Total time (years) spent in this occupation

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leone

Name of operation Date of

13. NAME John Withrow

What test confirmed diagnosis Was there an autopsy? No

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

15. MAIDEN NAME Elyzabell Nichols

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Date of injury , 1937

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

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

17. INFORMANT (ADDRESS) Jessie Withrow

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

18. BURIAL, CREMATION, OR REMOVAL DATE Feb 16-37

Manner of injury Gun shot

19. UNDERTAKER (ADDRESS)

Nature of injury Bullet to Brain

20. FILED Feb 14, 1937

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. W. Fackler et al - Coroners M. D.

(Address) King Hill Bldg.

Registrar.

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.

