

MAR 20 1937

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

Do not use this space.

6838

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registrar District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
City Jasper No. 29th Street St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Residence, No. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) North End (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) No record

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26-37

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1907

22. I HEREBY CERTIFY That I attended deceased from 2-24-37 to 2-27-37

7. AGE YEARS MONTHS DAYS If LESS than day, .....hra. or .....min. about 30 ? ?

First saw him dead 2-27-37 Death is said to have occurred on the date stated above, at 7:30 a.m.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No record

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No record

Rail Road accident  
run over by train  
body severed at  
waist line

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME No record

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

23. If death was due to external causes (violence) fill in also the following:

15. MAIDEN NAME No record

Accident, suicide, or homicide? accident Nature of injury 2-26-37

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

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

17. INFORMANT (ADDRESS) Police Dept.

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

18. SIGNATURE, DN, OR REMOVAL Houston, Texas

Manner of injury Body severed

PLACE OF DEATH DATE 2-27-37

Nature of injury run over by R.C.D.

19. UNDERTAKER (ADDRESS) Hessburg road

Was disease or injury in any way related to occupation of deceased? True

20. FILED 2-27-37 Ed J. James Registrar.

So, specify \_\_\_\_\_

(Signed) W. Winchester Coroner

(Address) Jasper, 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.

OCCUPATION FATHER MOTHER

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31

JUL 7

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