

261536

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

Do not use this space.

1. PLACE OF DEATH

44 County Jasper
11 Township
4 City Wells City (No.) St. Ward)

Registration District No. 417

File No. 20425

Primary Registration District No. 3021

Registered No. 58

2. FULL NAME

(a) Residence, No. 123 St. Box 555 Galena, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1883

7. AGE YEARS 53 MONTHS 11 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Common Laborer

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

12. BIRTHPLACE (CITY OR TOWN) Cooper County Missouri (STATE OR COUNTRY)

13. NAME Jack Thompson

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

15. MAIDEN NAME Sarah Alice Cox

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

17. INFORMANT TESTIMONY AT CORONER'S INQUEST. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Cartersville Cemetery DATE June 1, 1937

19. UNDERTAKER Wedge Nelson Funeral Home (ADDRESS) Wells City Missouri

20. FILED JUNE 1, 1937 B. D. L. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw him dead May 29, 1937 Death is said to have occurred on the date stated above, at 2:00 p.m. May 9, 1937

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

Unknown - Fossil
Wreck - mine shaft.

Date of onset

Other contributory causes of importance:

Name of operation 200B Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Impression Date of injury: 19.....

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

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

Mine shaft

Manner of injury Fossil shaft

Nature of injury F

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

If so, specify (Signed) A. H. Winchester, Coroner, M. D.

(Address) Joplin 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.

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