

AUG 24 1937

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

Do not use this space.

1. PLACE OF DEATH

49 County Jasper
7 Township
5 City Joplin

Registration District No. 411Primary Registration District No. 2002File No. 27487

Registered No.

2. FULL NAME

(a) Residence, No. Southwest City St. Mo. Ward. Southwest City, Mo.
(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)

divorced

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

divorced

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

May 8, 1909

7. AGE

28

YEARS

MONTHS

DAYS

5

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

Produce man

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 5 yr.

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

West Prairie, Arkansas

13. NAME

James Wilson Brown

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

Miss La Motte

15. MAIDEN NAME

Minnie Rigg

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

West Prairie, Ark.

17. INFORMANT (ADDRESS)

Father - Southwest City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

7-14-37 at Mayville, Ark. DATE 7-14-37

19. UNDERTAKER (ADDRESS)

Tri-County Burial Assn
Heaton, Mo.

20. FILED

7-13-37 Ed Janner Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 11, 1937, to July 12, 1937I last saw him alive on July 12, 1937. Death is saidto have occurred on the date stated above, at 7 p. m.

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

Brain injury Date of onset 7/11/37

Other contributory causes of importance:

fractured skull
ShockName of operation Decompression Date of 7/12/37What test confirmed diagnosis? 6 Was there an autopsy? 4

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

Accident, suicide, or homicide? accident Date of injury 7/11, 1937Where did injury occur? Joplin, Jasper, Mo.

(Specify city or town, county, and State)

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

Manner of injury public place (highway)Nature of injury auto collisionHead injury24. Was disease or injury in any way related to occupation of deceased? and

If so, specify

(Signed) St. Grantham Jr M. D.(Address) 419 Moffet Ave
JoplinMARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORDV. S. No. 2
FORM 10-22-36
X 0314

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.

