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

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

Do not use this space.

1. PLACE OF DEATH
County Johnson — Registration District No. 431 — File No. 3203
Township — Primary Registration District No. 3023 — Registered No. 7
City Warrensburg (No. ..... St. ..... Ward)

2. FULL NAME Nell B. Jasper
(a) Residence, No. ..... St., ... Ward. Fulton, 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep - 28 - 1878
7. AGE: YEARS 59 — MONTHS 4 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher.
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) (STATE OR COUNTRY) Mound City Mo

FATHER
13. NAME J. Merrel Jasper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Kittie Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) S. M. Jasper Chicago. Ill.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound City, Mo. DATE Jan. 31, 1938
19. UNDERTAKER (ADDRESS) Sweeney - Phillips Warrensburg. Mo.
20. FILED Jan 29, 1938 Eva Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 28, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1938, to Jan 28, 1938
I last saw her alive on Jan 28, 1938. Death is said to have occurred on the date stated above, at 11:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion of lungs & heart	

Other contributory causes of importance:
fractured ribs
multiple contusion &
lacerations over body

Name of operation no Date of
What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 1-28, 1938
Where did injury occur? near Warrensburg Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On Highway # 50
Manner of injury car wreck
Nature of injury fractures & contusions

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify accident accident while working
(Signed) R. F. McKinney, M. D.
(Address) Warrensburg Mo

RECEIVED
FEB 25 1938
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MO. STATE BOARD OF HEALTH