REC'D MAR 2 0 1939

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

6835
Do not use this space.

49

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 411
(b) Township — Primary Registration District No. 2002 — Registered No.
(c) City Joplin — (d) Street No. St. Johns Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2½ yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Joseph Giger, Jr.
(a) Residence, No. 211 Pearl St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

Winchester

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10, 1921

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	17	3	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as 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) Sarcoxie Mo.

FATHER
13. NAME Tom Giger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Livina Houston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Russell Giger Joplin, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Dudman Cem. DATE 2-4-39

19. FUNERAL DIRECTOR (NAME) Hurlbut Und. Co (ADDRESS) Joplin Mo.

20. FILED 2-3 1939 Ed Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-1-39, to 2-1-39
I last saw h— alive on Feb. 1 —, 1939. Death is said to have occurred on the date stated above, at 9:00 a.m. 2/1/39
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of chest — from — in left chest	

Other contributory causes of importance: 16 7

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? Inquest

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 2/1, 1939
Where did injury occur? Joplin Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Suicide
Nature of injury Gun shot wound of chest

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.

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Fractions should not be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 6-39-608
Date Filed MAR 10 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Steve D Parker

Licensed Embalmer No. 2548

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.