MAR 25 1931

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

Do not use this space

6022

1. PLACE OF DEATH

County Jasper — Registration District No. 41 — File No.

Township Helena — Primary Registration District No. 2a/2 — Registered No.

City Joplin (No. St. Johns Hospital St.

2. FULL NAME Verna Craller

(a) Residence. No. Caney Kans. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fem	W	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 11 - 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
—	49	10	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work home maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER John Morton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER No record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No record

14. INFORMANT Chester Craller (Address) Caney Kansas

15. FILED 2/7, 1931 A. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1931, to Feb 6, 1931 that I last saw her dead alive on Feb 6, 1931, and that death occurred, on the date stated above, at about 8 30a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
fractured skull - collision with frisco train in city while riding in an automobile
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 206
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF 5
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Tom Simmons, M. D.
2/6, 1931 (Address) Coroner Jasper Co.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Park — DATE OF BURIAL 2-7 1931

20. UNDERTAKER Neubert Und Co — ADDRESS Joplin Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.