

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

Do not use this space.

28616

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
Township Madison Primary Registration District No. _____ Registered No. _____
City Jasper (No. 1) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 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) July 16 1913

| | | | | |
|--------|-----------|-----------|----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | <u>18</u> | <u>10</u> | <u>8</u> | |

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

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) Jasper Mo

MOTHER FATHER

13. NAME Millard Fred Lead

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

15. MAIDEN NAME Lizzie Burkley

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

17. INFORMANT (ADDRESS) Mrs. Millard Fred Lead

18. BURIAL, CREMATION, OR REMOVAL PLACE Jasper Exp. Co. DATE Aug 26 1931

19. UNDERTAKER (ADDRESS) W. H. ...

20. FILED 8 25 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1931 to Aug 25 1931. I last saw him alive on Aug 25 1931. Death is said to have occurred on the date stated above, at 5 P.M.

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

Other contributory causes of importance:
Gunshot wound -

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? homicide Date of injury Aug 24 1931
Where did injury occur? 3 1/2 mi west Jasper, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on farm

Manner of injury shot while trespassing
Nature of injury gun-shot wound

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Tom Simmons M. D.
(Address) Cornier, Jasper Co.

SEP 22 1931

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.

