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

Do not use this space.

31582

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No.
Township E. Jackson — Primary Registration District No. 5563a — Registered No.
City Webb City — No. Broadway McClure St. — Ward)

2. FULL NAME Theodore Poynor
(a) Residence, No. 2428 Wood St. Ward. Joplin 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.

OCT 23 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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Velma B. Poynor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 1890
7. AGE: Years 41 — Months 2 — Days 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ore buyer for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Smelting Co
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) Aurora Mo.

FATHER
13. NAME Andrew J. Poynor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Theodosia Melton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freeman Mo.

17. INFORMANT (ADDRESS) Mrs. Theodosia Poynor
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope DATE 9-12
19. UNDERTAKER (ADDRESS) Hurlbut Lind Co
20. FILED 9/17/31 A. H. Ketchum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1931
22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1931, to Sept 11 1931
I last saw him alive on Sept 11 1931. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock, and cerebral hemorrhage -	Sep. 10/31
Other contributory causes of importance: Fracture of skull	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sep 10 1931
Where did injury occur? 4 mi. S. of Carthage (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway 38 N
Manner of injury Automobile accident
Nature of injury fractured skull

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