

JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Gasper
Township Goshen
City Goshen (No. 1)

Registration District No. 4
Primary Registration District No. 2992

File No. 20392
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 220 N. 1st Ward. 17
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21, 1867

7. AGE YEARS 69 MONTHS 6 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Penn

13. NAME Constance Chessegran

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

15. MAIDEN NAME Julia C. Bathurst

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

17. INFORMANT (ADDRESS) Mrs Raymond Ward

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park No. 5-26-37

19. UNDERTAKER (ADDRESS) Wurlburth Co

20. FILED 5-25-37 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24-37

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1937, to May 24, 1937

I last saw him alive on May 24, 1937 Death is said to have occurred on the date stated above, at 3:00 PM

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

Fall of 30 ft. sustaining a compression fracture of the first lumbar vertebra. Profound shock to central nervous system.

Other contributory causes of importance: Arteriosclerosis incident to his age.

Name of operation Cystostomy Date of 5/24/37
What test confirmed diagnosis? X-ray 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 May 7 1937

Where did injury occur? Joplin, Jasper, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Ladder fell with him.
Nature of injury Fracture of 1st. lumbar vert.

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) A. G. Frankham, M. D.
(Address) 424 Byars Ave. Joplin, Mo

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

