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.

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

DEC 14 1938

39444
Do not use this space.

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. Freeman 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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bobby Gene Gilstrap
(a) Residence, No. 503 W. 13th St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
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) May 7, 1930.
7. AGE: YEARS 8 | MONTHS 6 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

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) Seneca Missouri O

FATHER
13. NAME George M. Gilstrap
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton County Missouri O

MOTHER
15. MAIDEN NAME Mary McDaniels
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton County Missouri O

17. INFORMANT (ADDRESS) George M Gilstrap Joplin Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Burkhart Cem. PLACE Racine, Mo. DATE Nov. 23, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Langher Mortuary Joplin Mo.
20. FILED 11-23, 1938 Ed D James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21, 1938.
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him alive on Dead Nov. 21, 1938 Death is said to have occurred on the date stated above, at 9 P m. 11/20/38.
The principal cause of death and related causes of importance were as follows:
Basil Fract
1862
Date of onset
Other contributory causes of importance: Fell down steps at School Bldg
Name of operation none Date of ✓
What test confirmed diagnosis? — 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 11/20, 1938
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. Public School
Manner of injury Fell down steps at School
Nature of injury Fracture at Lock Occiput
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ✓
(Signed) L. N. Winchester Coroner, M. D.
372 (Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 6-38-720
Date Filed DEC 8 1938

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address.....

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

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