

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.

JUN 21 1935

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

Do not use this space.

16826

1. PLACE OF DEATH

County Dooper
Township Dooper, Mo.
City Dooper, Mo.

Registration District No. 411
Primary Registration District No. 2002
St. St. John's Hospital Ward

File No. _____
Registered No. _____
St. _____ Ward

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Gen</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Mar.</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4, 1906</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>9</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>As wife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>ic</u>		
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) <u>Saginaw Mo.</u>		
13. NAME <u>Charles Harryman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dooper, Mo.</u>		
15. MAIDEN NAME <u>Nora Eads</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saginaw Mo.</u>		
17. INFORMANT (ADDRESS) <u>Wm. H. Frizzell</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Dooper, Mo.</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Pigeon</u>		
20. FILED <u>5-7-35</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1935

22. I HEREBY CERTIFY, that I attended deceased from May 3, 1935 to May 6, 1935.
I last saw him alive on 5-6-35. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:
Crushing injury of chest
Date of onset 218

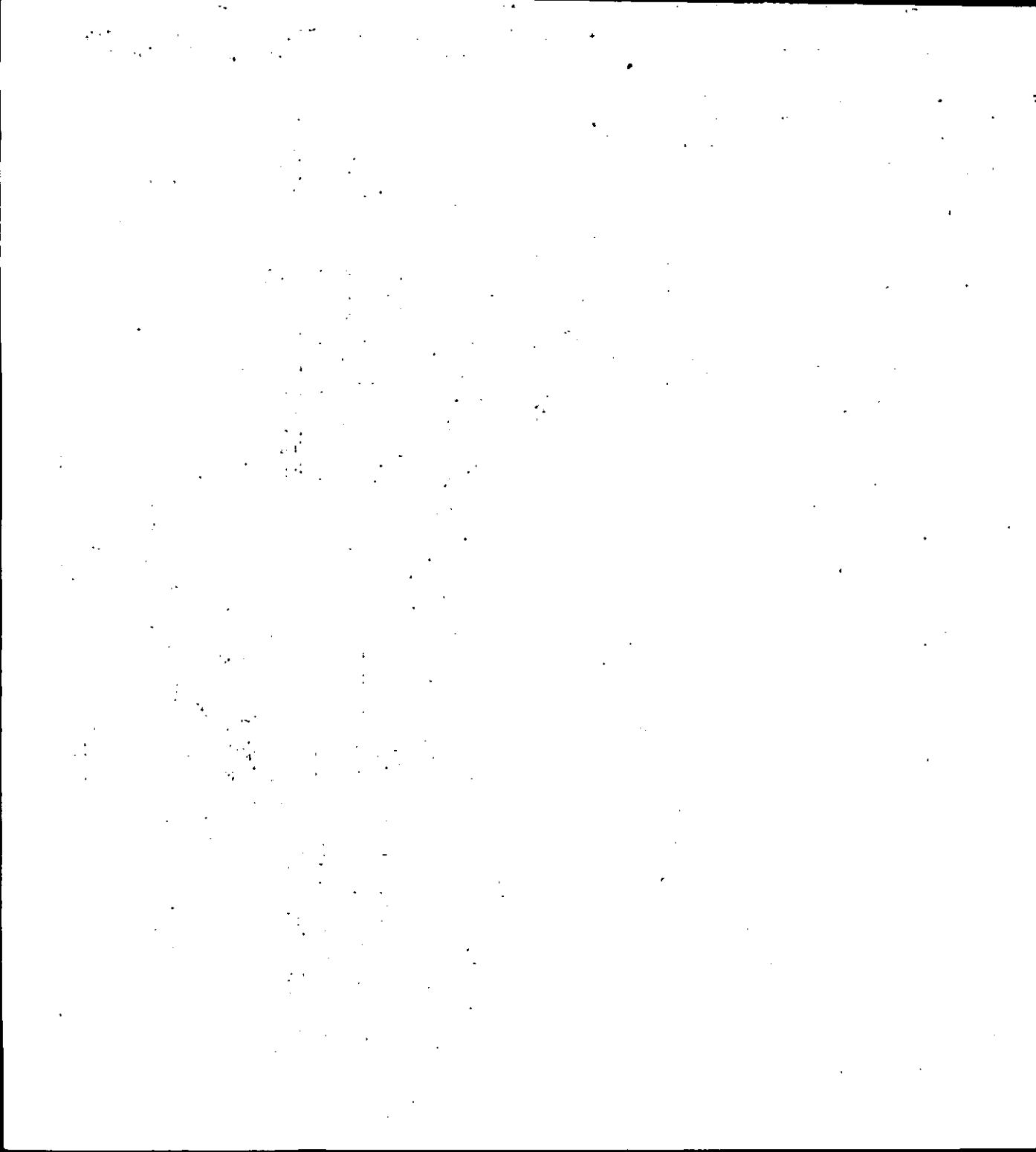
Other contributory causes of importance:
Strangulation in lungs

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 5-3, 1935
Where did injury occur? Near Bentonville, Arkansas
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Highway
Manner of injury automobile accident
Nature of injury Crushing injury to chest

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) W. E. Frizzell, M. D.
(Address) Dooper, Mo.

Registrar.



JUL 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jasper

Township Jasper

City Jasper (No.)

Registration District No. 411

Primary Registration District No. 2002

File No.

Registered No.

St. Ward

2. FULL NAME

Mrs Agnes Jennie Frizzell

(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

F

4. COLOR OR RACE

Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, et. min.

28

9

27

OCCUPATION

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

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)

FATHER

13. NAME

MOTHER

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED

5-7 1935 Ed E. Jones

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19

Last seen alive on 19 Death is said to have occurred on the date stated above, at m.

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

Crushing injury of chest

Other contributory causes of importance:

Hemorrhage in lung

Name of operation Date of

What test confirmed diagnosis? 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 5-3 1935

Where did injury occur? near Bentonville, Ark.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Highway

Manner of injury Automobile accident - riding in car

Nature of injury Crushing injury to chest - skull

in loose gravel - turned over

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

JUL 10 1963

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10/1/63