

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette
 Township Middleton
 City Waverly (No. _____) St. _____ Ward _____

Registration District No. 465
 Primary Registration District No. 5620-B

9314
 File No. 29
 Registered No. _____

2. FULL NAME

Jessie B Circle

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. S. Circle</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>12-3-1877</u>		
7. AGE	YEARS	MONTHS
	<u>52</u>	<u>3</u>
		DAYS
		<u>13</u>
	IF LESS than 1 day, _____ hrs. or _____ min.	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. House-wife
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) Carroll Co. Mo
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Rudolph Thomas</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Fatie Atkison</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>

14. INFORMANT E. S. Circle Jr.
 (Address) Gene, Mo

15. FILED Mar 24, 1930

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-16 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Death

CONTRIBUTORY (SECONDARY) Automobile Accident
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

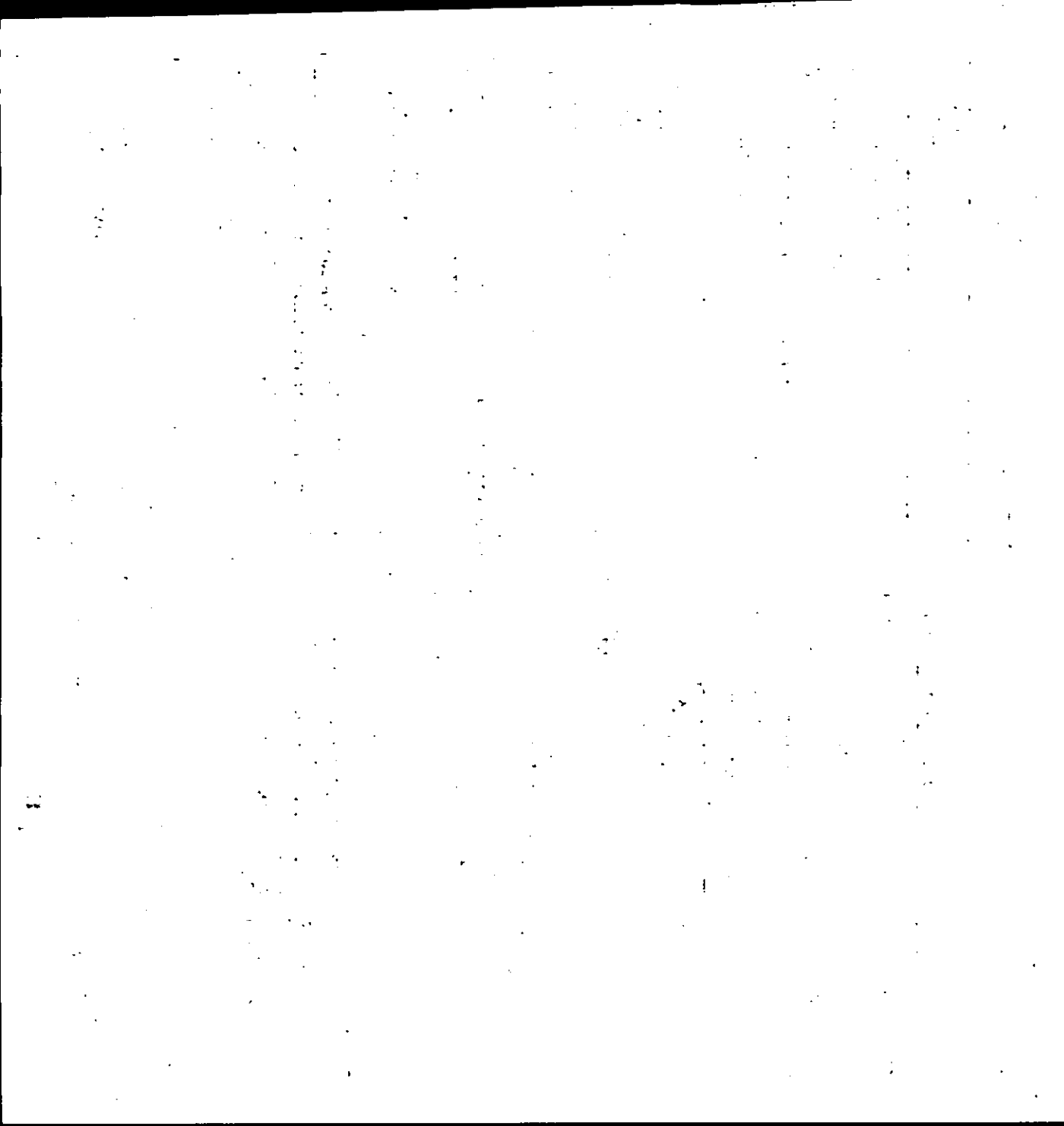
WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Edmund T. Spack, M. D.

(Address) Coroner - Lafayette County, Mo.
 *State the disease CAUSING DEATH in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDE or HOMICIDAL. Coroner, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill Cem DATE OF BURIAL 3-18 1930

20. UNDERTAKER Standley ADDRESS Carrollton Mo

230



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Lafayette Registration District No. 2465 File No. _____
 Township Middletown Primary Registration District No. 5620 B Registered No. 29
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Jessie B. Circle

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-3-1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
32 | 3 | 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Carroll Co. Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Rudolph Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Stacie Atkinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

14. INFORMANT E. S. Circle Jr.
 (Address) Union, Mo

15. FILED 4-20-30 Geo B. Williams
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/16 19 30

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Death
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTOR Automobile accident
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Mo

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

3/ (Signed) Edmond Lissack M. D.

16. 1930 Address Coroner Lafayette Co

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. Concordia Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cap Hill Cem. DATE OF BURIAL 3/18 19 30

20. UNDERTAKER Standley ADDRESS Carrollton Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH in plain terms, so that it may be properly classified.

SUPPLEMENTARY

accident occurred here

5-9314