

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.

APR 27 1927

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

Do not use this space.

9076

1. PLACE OF DEATH

County Newton Registration District No. 1046
Township Shoal Creek Primary Registration District No. 2810
City R. F. D. St. _____ Ward _____

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25 - 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 3 5

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Joplin Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Ray Neblett

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

12. MAIDEN NAME OF MOTHER Virginia Dalton

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

14. INFORMANT Ray Neblett
(Address) Joplin Mo

15. FILED 3/31 1927 J. W. Thurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-30-27

17. I HEREBY CERTIFY That I attended deceased from 3-25-27 to 3-30-27 1927
that I last saw him alive on 3-30-27 1927 and that death occurred, on the date stated above, at 3-30-27 a.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Labor Pains

108 101 W (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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

18 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS (Signed) J. M. Gray, M. D.

(Address) 3/30 1927 Joplin Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairview DATE OF BURIAL 3/31 1927

20. UNDERTAKER Heerenstedt & Joplin Mo ADDRESS

