

SEP 8 1927

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

Do not use this space.

24653

## 1. PLACE OF DEATH

County JasperRegistration District No. 411File No. 1Township JasperPrimary Registration District No. 2002Registered No. 2398City Jasper (No. 015)City Jasper (No. 015)St. Mo.

Ward

## 2. FULL NAME

(a) Residence No. Josephine Morrow St. Mo. Ward 1

(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.

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

white

## 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)

July 31 - 1924

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

40024

## 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)

Jasper Mo

(STATE OR COUNTRY)

## 10. NAME OF FATHER

Frank Morrow

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

Maureen

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

## 14. INFORMANT

Frank Morrow(Address) Jasper Mo

## 15. FILED

8/27 Benson & Co

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

Aug 24 1927

## 17.

I HEREBY CERTIFY, That I attended deceased from

(that I last saw him ex post Aug 24 1927, and that death occurred, on the date stated above, at Mo m.

## 18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Unknown - probably states lymphaticus  
(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

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. M. Starnes M. D.8/24, 1927 (Address) Wab City, Co. 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

DATE OF BURIAL

Jasper8/25 1927

## 20. UNDERTAKER

ADDRESS

Hurlock & Co  
Jasper Mo

11-11-11

11-11-11

11-11-11

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jasper  
Township Jasper  
City Joplin (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 411  
Primary Registration District No. 2002

File No. \_\_\_\_\_  
Registered No. 398

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Josephine Yeoman x Yeoman x  
(If non-resident 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 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Y

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31-1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
X 3 X 0 X 23 X

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(c) Name of employer \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 24 1927

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, 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:**

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (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? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

, 19 (Address) \_\_\_\_\_

\*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 \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

FILED \_\_\_\_\_ 19\_\_\_\_

REGISTRAR

*Please write surname again*

The statements of age and date of birth are inconsistent. Please correct, sign, and return.

15. BIRTHPLACE OF MOTHER (CITY AND STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT (Address) \_\_\_\_\_

15. FILED 10/10/27 \_\_\_\_\_ 19\_\_\_\_

REC'D : CERTIFICATE UNTIL

REC'D : BARS SHA

SUPPLEMENTARY

5-26-53