

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

Do not use this space.

33846

1. PLACE OF DEATH

County JasperRegistration District No. 411Township WabashaPrimary Registration District No. 2002City Joplin (No. 1)File No. 33846Registered No. 347St. Mo.Ward 1

2. FULL NAME

(a) Residence No. 802 - East 7thSt. 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.

ds.

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Single

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

Feb 13 - 1925

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

2917

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Richer, Okla.

(STATE OR COUNTRY)

10. NAME OF FATHER

Leslie Bowden

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Bulah Werns

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

Informant

(Address)

Leslie Bowden
802 - East 7th St.

15.

FILED

11/123Dr. A. Benson Clark

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov. 22 1927

17.

I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1927, to Nov. 22, 1927, that I last saw him alive on Nov. 22, 1927, and that death occurred, on the date stated above, at 10:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Maligant Diptheria

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Ed. James

M. D.

11-23, 1927 (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

Carl Junction11-24 1927

20. UNDERTAKER

ADDRESS

The Frank Severs Joplin Mo

