

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

Do not use this space.

33872

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Jasper Primary Registration District No. 2002 File No. _____
 City Joplin (No. 705) North St. _____ Registered No. 536
 (If nonresident give city or town and State)

2. FULL NAME

(a) Residence No. 705 North 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 Female
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Charley W
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5 1852
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75 10 8
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Housewife
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Imperial, Mexico
 (STATE OR COUNTRY)
 10. NAME OF FATHER Philander Nash
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mass
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Margaret Devo
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Edith Kresster
 (Address) Joplin Mo
 15. FILED 11 27 1927 H. A. Benson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-13-1927
 I HEREBY CERTIFY That I attended deceased from Oct 26, 1927, to Nov 13, 1927
 that I last saw her alive on Nov 13, 1927, and that death occurred, on the date stated above, at 7:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myxial Insufficiency
927 (duration) yrs. mos. da.
 CONTRIBUTORY 900 (duration) yrs. mos. da.

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) D. P. Decker, D.O.
11/4 1927 (Address) 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 St. Joseph DATE OF BURIAL 11-15 1927
 20. UNDERTAKER Walter Joplin ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 5 1928

