

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

Do not use this space.

37230

**1. PLACE OF DEATH**

County Jasper Registration District No. 411  
 Township Jasper Primary Registration District No. 2007  
 City Jasper (No. 1007 1/2 Broadway St. 1 Ward)

File No. \_\_\_\_\_  
 Registered No. 6141

**2. FULL NAME**

(a) Residence. No. 1007 1/2 Broadway 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
66 8 \_\_\_\_\_

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) (STATE OR COUNTRY) England

10. NAME OF FATHER Joe Davis

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

12. MAIDEN NAME OF MOTHER No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No record

14. INFORMANT F. M. Weeks  
 (Address) Joplin Mo.

15. FILED 1, 1928 W. A. Benson Registrar  
13

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1927 to Dec 30, 1927 that I last saw her alive on Dec 30, 1927 and that death occurred, on the date stated above, at 8 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Angina Pectoris  
 (duration) yrs. mos. da. \_\_\_\_\_  
 CONTRIBUTORY (SECONDARY) 89  
 (duration) yrs. mos. da. \_\_\_\_\_

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

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

(Address) Joplin Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Port View Carriage Row Jan 3, 1928

20. UNDERTAKER Wendell Reed ADDRESS Joplin Mo.

N. E.—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.

PERMANENT RECORD

