

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

Do not use this space.

**1. PLACE OF DEATH**

County Jasper Registration District No. 41/2004 File No. 5353  
 Township Salem Primary Registration District No. \_\_\_\_\_ Registered No. 71  
 City Joplin (No. Freeman Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William B. Daniel  
 (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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Hannie  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11 1852  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 | 5 | 1  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (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) Tennessee  
 10. NAME OF FATHER Arthur Daniel  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee  
 12. MARRIAGE NAME OF MOTHER Cass  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

14. INFORMANT Hannie Daniel  
 (Address) 1 Bx 638 Joplin Mo

15. FILED 2/14 1928 Dr. Hanson Clark  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Jan 9 1928 to Jan 28 1928  
 that I last saw him alive on Jan 28 1928 and that death occurred, on the date stated above, at 9:07 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic prostatic  
137 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 135  
 (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) R. M. James, M. D.  
2-12-1928 (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 Carl Junction Cem. DATE OF BURIAL 2-14 1928

20. UNDERTAKER Hurthel Under ADDRESS Joplin Mo

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.

MAR 19 1928

DEPARTMENT RECORD

