

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

Do not use this space.

5360

**1. PLACE OF DEATH**

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
 Township Joplin Primary Registration District No. 2002 Registered No. 79  
 City Joplin (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2510 Anna Weaver (If nonresident give city or town and State)  
 (Usual place of abode)

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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.S. Needham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, — hr. or — min.  
47 | 4 | 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
 (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) Poplar Bluff MO.

10. NAME OF FATHER R.H. Black

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

12. MOTHER'S NAME OF MOTHER Margaret Todd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) MO.

14. INFORMANT J.S. Needham (Address) Joplin MO

15. FILED 2/17 1928 Dr. Benson Clark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-16-28

17. I HEREBY CERTIFY That I attended deceased from Dec 15 1928 to Feb 16 1928 that I last saw h. alive on Jan 19 1928, and that death occurred, on the date stated above, at 6-150m

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

Cancer of caecum as disclosed by operation  
 (duration) yrs. mos. ds. 4 5  
 CONTRIBUTORY (SECONDARY) X  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. 45

DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 4, '27

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operative  
 (Signed) Mercury Clark, M. D.  
2/18, 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 Jarcoxie MO DATE OF BURIAL 2-18 28

20. UNDERTAKER Hurlock & Hud Co Joplin MO ADDRESS

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

PERMANENT RECORD

