

JUL 6

1928

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township _____
City Joplin, Mo. (No. _____)

Registration District No. 461
Primary Registration District No. 2002

File No. 17504
Registered No. 22
St. _____ Ward _____

2. FULL NAME

Laurie, Arthur Wood
(a) Residence. No. 570 Patterson Ave. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 10 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Joplin
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Leonard Wood

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

12. MAIDEN NAME OF MOTHER Orveda Palmer

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

14. INFORMANT Mrs Orveda Wood
(Address) 570 Patterson Ave

15. FILED 5/28 1928 Dr. W. L. Benson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1928

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1928, to May 2, 1928, that I last saw him alive on May 2, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Tuberculosis of Larynx

23A (duration) yrs. 3 mos. 1 ds.

CONTRIBUTOR (SECONDARY) 31 (duration) yrs. _____ mos. _____ ds.

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

9 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Ellsworth Hoody M. D.
5/3, 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 Forest Park DATE OF BURIAL May 4 1928

20. UNDERTAKER Frank Pierson Co ADDRESS Joplin, Mo.

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.

MARKED RESERVED FOR BINDING

