

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Joplin
City Joplin (No. 521)

Registration District No. 411
Primary Registration District No. 2102

File No. 24209
Registered No. 370
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Blk 5. SINGLE, MARRIED, WIDOWED OR DIVORCED ✓ (circle the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-19-28

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

I HEREBY CERTIFY That I attended deceased from June 17 1928, to 7-19-28 1928.
that I last saw h. alive on 7-19-28, and that death occurred, on the date stated above, at 5 P m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7-1928

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
1 3

Premature birth

8. OCCUPATION OF DECEASED

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

Series 1/2 months
159 (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) 16/10 (duration) yrs. mos. ds.

10. NAME OF FATHER Harry Taylor

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

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

12. MAIDEN NAME OF MOTHER Johnson

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Dr. J. S. Jones, M. D.
No. 100 (Address) Joplin Mo

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

*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.

14. INFORMANT Harry Taylor (Address) Joplin Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairview DATE OF BURIAL 7/21/28

15. FILED 7/19 28 D. H. Sclark REGISTRAR

20. UNDERTAKER H. S. Sclark 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.

