

PERMANENT RECORD

20 1924

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.

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

Do not use this space.

27633

1. PLACE OF DEATH

County Jasper
Township Galena
City Joplin (No.)

Registration District No. 411
Primary Registration District No. 2002

File No.
Registered No. 356
St. Ward

2. FULL NAME

(a) Residence. No. 2601 Myers Ward.
(Usual place of abode)

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 M. 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 Edna Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jul 19, 1903

7. AGE: YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 — 22

8. OCCUPATION OF DECEASED Laborer.
(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

9. BIRTHPLACE (CITY OR TOWN) Texas.
(STATE OR COUNTRY)

10. NAME OF FATHER Van Smith

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

12. MARRIED NAME OF MOTHER Martha Pearson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) W. Carolina Tex.
(STATE OR COUNTRY)

14. INFORMANT Clairde Smith
(Address) Joplin Mo

15. FILED 8/15 1924 W. A. Slack REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/10 28

17. I HEREBY CERTIFY, That I attended deceased from 1924
that I last saw him in dead Aug 11 1924 and that death occurred, on the date stated above, at 110-30

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Deced Poisoning
Suicide
11:30 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 106 (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH, DATE OF

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) P. W. Stomont, M. D.
8/11, 1924 (Address) Wobblity Coroner

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 Farm DATE OF BURIAL 8/14 28

20. UNDERTAKER Sturges and Co ADDRESS Joplin Mo

