

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

Do not use this space.

24969

1. PLACE OF DEATH

County Gasper  
Township Salem  
City Joplin

Registration District No. 411  
Primary Registration District No. 2002

File No. \_\_\_\_\_  
Registered No. 289  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. 523 Sargeant 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jul 10 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.T. Long

I HEREBY CERTIFY That I attended deceased from July 2 1929 to July 10 1929  
that I last saw h. alive on July 9 1929 and that death occurred, on the date stated above, at Joplin Mo.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9 1847

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 | 8 | 1 | \_\_\_\_\_

Arterio Sclerosis

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) retired  
(c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) 910

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

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER J.A. Campbell

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

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

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Margaret Raymond M.D.

12. MAIDEN NAME OF MOTHER no record

7-11-1929 (Address) Joplin Mo.

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

\*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 (Address) Mrs. S.D. Soach Joplin Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Joplin Spgs. Mo DATE OF BURIAL 7-13-29

15. FILED 7-12-29 Abenumb REGISTRAR

20. UNDERTAKER Hurlbut and 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.

206  
1929  
55049

335

31

