

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

Do not use this space.

28132

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
 Township Jasper Primary Registration District No. 2007 Registered No. 370
 City Jasper No. _____ St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. _____ St. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 24 - 29</u>		
7. AGE	YEARS	MONTHS
_____	_____	_____
8. OCCUPATION OF DECEASED		DAYS
(a) Trade, profession, or particular kind of work _____		5
(b) General nature of industry, business, or establishment in which employed (or employer) _____		If LESS than 1 day, _____ hrs. or _____ min.
(c) Name of employer _____		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 19 29

17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1929 Aug 29, 1929 that I last saw her alive on Aug 28, 1929 and that death occurred, on the date stated above, at 8:29 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth
159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 16/100 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) H. C. Powers, M. D.
 (Address) Joplin Mo.

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

PARENTS

10. NAME OF FATHER F. W. Holliday

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

12. MAIDEN NAME OF MOTHER Irene Lucas

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

14. INFORMANT Family
 (Address) Joplin Mo.

15. FILED 8-30-29 ABearabark
 REGISTRAR

*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 Fairview Cem DATE OF BURIAL 8-30-29

20. UNDERTAKER Albert T. Lewis 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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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