

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

Do not use this space.

31121

1. PLACE OF DEATH

County Jasper

Registration District No. 411

Filer No. _____

Township _____

Primary Registration District No. 2009

Registered No. 417

City Jasper (No. Freeman Hospital 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female white

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-13-29

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 12th 1929 to Sept 13th 1929, that I last saw h. W alive on Sept 13th and that death occurred, on the date stated above, at 11:40 a.m.

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

July 27 - 1927

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

2

2

1210 Appendicual abscess.

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 _____

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Douglas

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 12th/1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Clyde Basley, M. D.

10. NAME OF FATHER

Cliff Harmon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Chetopa Kas

12. MAIDEN NAME OF MOTHER

Archie Tubbey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Bellevue Mo

9-13-1929 (Address) Jasper

*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)

M. Harmon
Chetopa Kas

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Chetopa Kas.

9/15-29

15. FILED

DATE

Oct 1, 1929 A. Benson Clark

REGISTRAR

20. UNDERTAKER

J. J. Wackerle

ADDRESS

Jasper

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.

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PARENTS
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