

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

Do not use this space.

31126

1. PLACE OF DEATH

County Jasper

Registration District No. 411

File No. _____

Township _____

Primary Registration District No. 2009

Registered No. 412

City Joplin, Mo.

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 82 1/2 Chestnut St., _____ Ward. _____

(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

Wh.

Widow

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

J. L. Staab

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

Dec. 28 - 1858

7. AGE

YEARS

MONTHS

DAYS

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

70

9

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Ho. work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Lewistown

(STATE OR COUNTRY)

10. NAME OF FATHER

A. A. Littlejohn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Mary Waller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14. INFORMANT

(Address)

Harry Staab
Ricker Okla

15. FILED

9/30/29

A. Benson Clark

REGISTRAR

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

9 - 30 1929

17.

I HEREBY CERTIFY, That I attended deceased from _____ to _____

that I last saw him _____ alive on _____, 1929 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Insulin poisoning -
1637 Suicide -

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

CONTRIBUTORY (SECONDARY)

(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? _____

(Signature) Sam H. Hummer, M. D.

9/30/1929 (Address) Coroner's Office

*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

DATE OF BURIAL

Fairview Cem.

Oct. 1 1929

20. UNDERTAKER

ADDRESS

Frank-Seaver & Joplin Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSE OF DEATH with care and accuracy. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

5-10-29

2-25-29

