MAR 27 1930

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

Do not use this space.

5380

1. PLACE OF DEATH
County Jasper
Township Galena
City Joplin (No. ..... St. ..... Ward)

Registration District No. 411
Primary Registration District No. 2009

File No. .....
Registered No. 89

2. FULL NAME Mahala Hightower
(a) Residence. No. 711 N Jackson. 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 Female
4. COLOR OR RACE Black.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Hightower.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) no Record
7. AGE V YEARS no Record MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

PARENTS
10. NAME OF FATHER Jack. Moreland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia
12. MAIDEN NAME OF MOTHER Matilda
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia

14. INFORMANT Wm Hightower
(Address) Joplin MO
15. FILED 2/21, 1930 A Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-19 1930.
17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1930, to Feb 13, 1930, that I last saw her alive on Feb 13, 1930 and that death occurred, on the date stated above, at 12-05 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
131 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 129 (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) W. S. Loveland, M. D.
2/20, 1930 (Address) Joplin MO

*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 2-23 1929.
20. UNDERTAKER Hurlbut Und Co
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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD