

APR 30 1930

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

Do not use this space.

9165

1. PLACE OF DEATH

County JasperRegistration District No. 411Township Joplin, Mo.Primary Registration District No. 2002City Joplin, Mo. (No.)

File No.

Registered No. 134

St. Ward)

2. FULL NAME

(a) Residence. No. 15 + Jefferson Little Rock 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

Wk

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

Mar.

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

Harvey B. Bean

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

Nov. 25 - 1851

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

78329

8. OCCUPATION OF DECEASED

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

His wife

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

(c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 23 193017. I HEREBY CERTIFY, That I attended deceased from March 16, 1930, to March 17, 1930, that I last saw h^e alive on March 17, 1930, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage of Liver465
440
CONTRIBUTORY (SECONDARY) 440 yrs. mos. ds. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. Benson Clark, M. D.3-24, 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

DATE OF BURIAL

St. Mark Memorial Cem3-26 1930

20. UNDERTAKER

ADDRESS

Frank Picover 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.

49
7
5

233

31

14. INFORMANT John Frederick Woods
(Address) 15 + Kings Highway East
15. FILED 3-24, 1930 A. Benson Clark
REGISTRAR

