

SEP 25 1930

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

Do not use this space.

27061

1. PLACE OF DEATH

County Jasper  
Township Joplin  
City Joplin (No. 124, Sta. 2009)

Registration District No. 411  
Primary Registration District No. 2009

File No. \_\_\_\_\_  
Registered 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

15. DATE OF DEATH (MONTH, DAY AND YEAR) August 10 1930

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

16. HEREBY CERTIFY, That I attended deceased from 8-10 1930 to 8-10 1930  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 10 P.M. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 10 1930

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day 1/8 hrs. or 1 min. 16 D

asphyxia venotomem

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) 16 D

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

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

10. NAME OF FATHER Carl R Meyers

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

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

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

12. MARRIAGE NAME OF MOTHER Bessie G. Winters

(Signed) Mon. L. Mack M. D.

8/11 1930 (Address) Grimes Bldg.

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

\*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 Carl R Meyers (Address) Joplin Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Luke DATE OF BURIAL 8-17 1930

15. FILED 8/23 1930 A. Benson Clark REGISTRAR

20. UNDERTAKER Spurlin and 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.

WITH CHANGING THIS IS A PERMANENT RECORD

