

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

Do not use this space.

25390

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Madison Primary Registration District No. 2002
 City Joplin (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>No</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 5 - 1860</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>7</u>
	DAY <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>home maker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>maker</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chester Co Pa</u>		
FATHER	13. NAME <u>John R. Short</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>	
MOTHER	15. MAIDEN NAME <u>Clara Kirt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>	
17. INFORMANT (ADDRESS) <u>Family</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield</u> DATE <u>7-20-31</u>		
19. UNDERTAKER (ADDRESS) <u>Wardburn Tool Co. Joplin Mo.</u>		
20. FILED <u>7-20</u> 19 <u>31</u> <u>W. L. Cannon</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1931

22. I HEREBY CERTIFY That I attended deceased from Joplin 1931 July 18, 1931
 I last saw him alive on July 17, 1931. Death is said to have occurred on the date stated above, at Joplin Mo.
 The principal cause of death and related causes of importance were as follows:
Cancer of Gallbladder -
HBE
46F 466
 Date of onset 5 Oct 26-1929
High grade

Other contributory causes of importance:
metastasis to liver & pancreas

23. Name of operation cholecystectomy Date of 7/29
 What test confirmed diagnosis? Chemo & histology

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury _____, 19____
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify None
 (Signed) W. L. Cannon M. D.
 (Address) Joplin Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 26 1931

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