

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

Do not use this space.

28596

1. PLACE OF DEATH

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

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. 276 Ozark 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 Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15-1891
7. AGE YEARS 40 MONTHS DAY 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME August P. Maeder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kuerschein

15. MAIDEN NAME Louise Ackermann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans

17. INFORMANT (ADDRESS) August P. Maeder

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE Aug. 13, 1931

19. UNDERTAKER (ADDRESS) The Frank DeVos Co

20. FILED 8-12 1931 U. Benson Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11th, 1931
22. I HEREBY CERTIFY, That I attended deceased from April 29, 1931, to Aug. 11, 1931
I last saw him alive on Aug. 11, 1931. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease
Date of onset
Other contributory causes of importance:
Carcinoma of Coecum
Secondary Anemia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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
(Signed) W. E. Myers, M. D.
(Address) 718 Thayer Bldg. 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.

SEP 22 1931

