

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

Do not use this space.

28602

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Bellevue Primary Registration District No. 22
 City Joplin (No. Springfield) (If nonresident, give city or town and State) 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 20 - 1908</u>		
7. AGE YEARS <u>23</u>	MONTHS <u>7</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Coverage</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>farm labor</u>		10. Date deceased last worked at this occupation (month and year) _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joplin Mo.</u>		
13. NAME <u>J. J. Wall</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leeds Mo.</u>		
15. MAIDEN NAME <u>Clara</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joplin Mo.</u>		
17. INFORMANT (ADDRESS) <u>J. J. Wall 214 N. 2 St. 110</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield</u> DATE <u>8-17-31</u>		
19. UNDERTAKER (ADDRESS) <u>Springfield Mo.</u>		
20. FILED <u>8914</u> 19 <u>31</u> <u>Adrian Clark</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 - 31 1931

22. I HEREBY CERTIFY, that I attended deceased from Aug 13, 1931 to Aug 13, 1931
 I last saw him Aug 13, 1931 Death is said to have occurred on the date stated above, at 430 min.
 The principal cause of death and related causes of importance were as follows:
hemorrhage from lunge stab sic right lung
 Date of onset _____
 Other contributory causes of importance _____
185
1112

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 8-10-31
 Where did injury occur? near Spring City Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
home

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Dr. James Newton
 (Address) Brown & Newton Co

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

