

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

Do not use this space.

31991

1. PLACE OF DEATH

County Newton Registration District No. 1644
 Township Shoal Creek Primary Registration District No. 5876
 City (No.) St. Ward)

File No.
 Registered No. 11

2. FULL NAME

Died Unnamed
 (a) Residence. No. Joplin Mo Rd 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 | **4. COLOR OR RACE** | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Male | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24 - 31

7. AGE YEARS MONTHS DAYS | **IF LESS than 1 day, hrs. or min.**

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

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER Mrs Hoke

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

14. INFORMANT (Address) Mrs A.M. Etterlan 1214 main Joplin Mo

15. FILED 9/25/31 J. P. Hume REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 1931

17. I HEREBY CERTIFY, That I attended deceased from 9-24, 1931, to 9-24, 1931
 that I last saw him alive on 9-24, 1931, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth

CONTRIBUTORY (SECONDARY)

159

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH. no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS (Signed) W. Lovland, M. D.

, 19 (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**

Jackson | 9/25 1931

20. UNDERTAKER | **ADDRESS**

Anderson & Co | Joplin

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

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.

Oct 24 1931

MARGIN RESERVED FOR BINDING

V. 3, NO. 2.

