

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

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26  
File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Jefferson Registration District No. 411  
Township Wentworth Primary Registration District No. 2002  
City St. Louis (No. 1181)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2-1885

7. AGE YEARS 48 MONTHS \_\_\_\_\_ DAYS 79 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER 13. NAME Jan Kelley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Eugene Coker  
(ADDRESS) Greenwood

18. BURIAL, CREMATION, OR REMOVAL Greenwood DATE 11-2-1931

19. UNDERTAKER Heulbert  
(ADDRESS) \_\_\_\_\_

20. FILED 11/29/31 A. Benson  
Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-21-31

22. I HEREBY CERTIFY, That I attended deceased from 9-20-31, 1931, to 11-21-31, 1931  
I last saw him/her alive on Nov 7 1931 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Septic infection  
in right foot  
1948  
36  
Other contributory causes of importance: \_\_\_\_\_  
from transfusion

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? \_\_\_\_\_ 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. H. Brooks  
(Address) Greenwood

No. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS or other persons who attend the CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jasper Registration District No. 411 File No. 26  
 Township \_\_\_\_\_ Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 City Joplin (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**

|   |   |   |
|---|---|---|
| 3. SEX<br><u>F</u>  | 4. COLOR OR RACE<br><u>B</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>w-</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF          |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 2-1885</u>             |   |   |
| 7. AGE  | YEARS   | MONTHS  |
| <u>X</u>  | <u>46</u>   | <u>01</u>   |
| DAYS  |   | IF LESS than 1 day, hrs. or min.                      |
| <u>19</u>   |   | <u>00</u>   |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. |   |
|   | 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       |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                      |   |   |
| FATHER  | 13. NAME  |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  |   |
| MOTHER  | 15. MAIDEN NAME   |   |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  |   |
| 17. INFORMANT (ADDRESS)   |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE                          |   |   |
| 19. UNDERTAKER (ADDRESS)  |   |   |
| 20. FILED <u>12/31</u> 19 <u>31</u> <u>A Pearson Clark</u> Registrar. |   |   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21 - 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the day stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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? \_\_\_\_\_ 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) \_\_\_\_\_, M. D.  
 (Address) \_\_\_\_\_

Every item of information should be carefully supplied. It should be stated EXACTLY. PHYSICAL RECORDS SHOULD BE KEPT WITH CARE. CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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