

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

Do not use this space.

38022
29

1. PLACE OF DEATH

County Jasper Registration District No. 11
 Township Jasper Primary Registration District No. 20th
 City Jasper (No. 2228 Pearl) St. _____ Ward _____

File No. _____
 Registered 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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

MOTHER 13. NAME _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Mrs Agnes Morgan (ADDRESS) Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jasper DATE 11/22/37

19. UNDERTAKER Hurrell (ADDRESS) Jasper Mo

20. FILED 11/24/37 1937 A Benson Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22-37 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 29 to 11-22-37
 I last saw her alive on 11-22-37, 1937 Death is said to have occurred on the date stated above, at 11 a.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
Dysphagia
 10
 Other contributory causes of importance: 10

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 R. B. Tyler (Signed) _____, M. D.
Joplin Mo. (Address)

Age should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state exact statement of OCCUPATION is very important.

DEC 22 1937

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