

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

Do not use this space.

1459

REG 2-4 1932

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH  
 49 County Jasper Registration District No. 411  
 7 Township Chalcedon Primary Registration District No. 2002  
 5 City Joplin (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Patricia Jane Barber  
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
 4. COLOR OR RACE B  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 = 32  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1932  
 22. I HEREBY CERTIFY that I attended deceased from Jan 12, 1932 to Jan 14, 1932  
 I last saw her alive on Jan 14, 1932 Death is said to have occurred on the date stated above, at 10:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

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 \_\_\_\_\_

Date of onset \_\_\_\_\_  
inattention  
158 158  
 Other contributory causes of importance: \_\_\_\_\_

MOTHER FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo  
 13. NAME Fred Barber  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo  
 15. MAIDEN NAME Opal Meyers  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo  
 17. INFORMANT Fred Barber  
 (ADDRESS) \_\_\_\_\_

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 \_\_\_\_\_ (1)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Fairview DATE 1-15-32  
 19. UNDERTAKER (ADDRESS) Wendell and Co  
Joplin Mo  
 20. FILED 115 1932 A. Reason Clark Registrar.

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) W. S. Loveland, M. D.  
 (Address) Joplin Mo

