

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

Do not use this space.

8882

1. PLACE OF DEATH

19 County Joplin Registration District No. 411
 7 Township Walden Primary Registration District No. 2097
 5 City Joplin (No. St. Johns Hospital) (Ward)

2. FULL NAME

(a) Residence, No. 1101 Hill 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>B</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>No Record</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ethel Carter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 30 yrs</u>		
7. AGE <u>about 30 yrs</u>	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. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓ 237</u>	
	10. Date deceased last worked at this occupation (month and year)..... <u>✓</u>	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record 31</u>		
MOTHER	13. NAME <u>No Record</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>	
	15. MAIDEN NAME <u>No Record</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>	
17. INFORMANT <u>Floyd Carter</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL <u>Dreewood Cem</u> DATE <u>4/13 32</u>		
19. UNDERTAKER <u>Funeral Home Co</u> (ADDRESS)		
20. FILED <u>4/13 32</u> <u>Abraham Carter</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20-1932

I HEREBY CERTIFY, That I attended deceased from 3-20-1932 to 3-20-1932

I last saw deceased on 3-20-1932 Death is said to have occurred on the date stated above, at 7 P m.

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

Chronic nephritis
131
150
151

Date of onset

Other contributory causes of importance:
myocarditis

Name of operation (D) 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) H. J. Wilkner, M. D.
 (Address) Joplin Mo

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.

MAY 25 1932

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

