

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

Do not use this space.
12964

1. PLACE OF DEATH

49 County Jasper Registration District No. 411
 7 Township Joplin Mo. Primary Registration District No. 2002
 5 City Joplin Mo. (No. _____) St. _____ Ward _____

File No. 32
 Registered No. _____

2. FULL NAME

(a) Residence, No. 725 Joplin 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 Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 7. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Ray
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1853
 7. AGE YEARS 79 MONTHS 3 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. It's work
 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) Warrensburg Mo.

MOTHER 13. NAME John Wiley Peters

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

15. MAIDEN NAME Kitty Reeves

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

17. INFORMANT Mrs. Don C. Patton (ADDRESS) 725 Joplin St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE Apr. 25 1932

19. UNDERTAKER Frank Johnson Co (ADDRESS) Joplin Mo.

20. FILED 4/20 1932 E. V. Wenzel Registrar.

MEDICAL CERTIFICATE OF DEATH

1
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 22, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Apr. 12, 1932 to Apr. 22, 1932
 I last saw her... alive on Apr. 22, 1932 Death is said to have occurred on the date stated above, at Joplin, Mo.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
Carcinoma of Liver
1 year
1931

Other contributory causes of importance: _____
46603
 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) E. V. Wenzel
 (Address) Joplin Mo.

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

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

