

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

Do not use this space.

29557

4

1. PLACE OF DEATH

49 County Jasper Registration District No. 411
 7 Township Joplin Primary Registration District No. 2002
 5 City Joplin (No. 26.33 E. 5th) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. 26.33 E. 5th St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 10 mos. 7 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 10 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
 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) Joplin, Missouri

13. NAME George R. Kingore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates County, Mo.

15. MAIDEN NAME Jose Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynn County, Kans.

17. INFORMANT Mrs. Geo. R. Kingore
 (ADDRESS) 26.33 E. 5th St. Joplin

18. BURIAL, CREMATION, OR REMOVAL Forestview Cemetery DATE Sept. 6, 1932

19. UNDERTAKER Sanford Mortuary
 (ADDRESS) Joplin, Missouri

20. FILED 9/16 1932 W. P. Benson Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1932 to Sept. 3, 1932

I last saw him alive on Sept. 3, 1932 Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Pneumonia Date of onset 8/27/32
(Gastric)
MI 10/7/32
 Other contributory causes of importance: (1)

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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) V. E. Jenner, M.D.
 (Address) 311 Miner's Bank

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.

901 26 1932

