

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

Do not use this space.

32639

13 -

1. PLACE OF DEATH

49 County Jasper Registration District No. 419
 Township Alphena Primary Registration District No. 29
 7 City Joplin (No. 29) St. Joplin Ward 2

2. FULL NAME

(a) Residence, No. 29th & Olive St. Joplin Mo. Ward. 2
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacura Brantley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 1876
 7. AGE YEARS 86 MONTHS 24 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Alphena Pa

MOTHER 13. NAME Brantley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

15. MAIDEN NAME no record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT Chas Brantley
 (ADDRESS) 29th & Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem DATE 10-19-32

19. UNDERTAKER Newbest
 (ADDRESS) 29th & Olive

20. FILED 70/19 1932 C Benson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan 27 1932 to Oct 5 1932
 I last saw him alive on Oct 5 1932 Death is said to have occurred on the date stated above, at 11:30 am.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
97
 Other contributory causes of importance: 1

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 W S Loveland M. D.
 (Signed) Joplin Mo.
 (Address)

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.

NOV 23 1932

