

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

Do not use this space.

36123

JAN 9 1932

**1. PLACE OF DEATH**

County Gasper Registration District No. 411  
Township Edgemoor Primary Registration District No. 2002  
City Joplin (No. St. John's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Elsie Box Ward \_\_\_\_\_  
(Usual place of abode) Carthage Rte #5 St. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 0 yrs. 0 mos. 30 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Estle Box  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19th 1897  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 7 10

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) Granby Mo

13. NAME Frances Webster Greer

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

15. MAIDEN NAME Alice Florence Ogles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Estle Box (ADDRESS) Carthage Rte #5

18. BURIAL, CREMATION, OR REMOVAL PLACE Granby Cemetery DATE Nov 30 1932

19. UNDERTAKER (ADDRESS) Langley Mortuary

20. FILED 11/30 1932 Aberson Clark Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1932 to Nov 29 1932  
I last saw her alive on Nov 28 1932 Death is said to have occurred on the date stated above, at 3:40 am

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

Peritonitis following ruptured tubal pregnancy  
1420  
1398  
129  
Other contributory causes of importance: absence of other tubes

Name of operation Laparotomy Date of 11-27-32  
What test confirmed diagnosis? ap 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) H. L. Walker, 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.

WHILE ON BOARD, WITH OUTFRIGING MAST—THIS IS A PERMANENT RECORD

