

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

Do not use this space.
40232

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. 19
 Township Madison Primary Registration District No. 002 Registered No. _____
 City Joplin (No. St. John's Bay) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 10 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 1 131

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 84B
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mojo 2

13. NAME L. E. Cooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carl Junction

15. MAIDEN NAME Opal Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mojo 2

17. INFORMANT (ADDRESS) Family Warden

18. BURIAL CREMATION, OR REMOVAL PLACE Opal Smith DATE 12-13-32

19. UNDERTAKER (ADDRESS) Opal Smith

20. FILED 12/19/32 St. John's Bay Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-29- 1932, to 12-11- 1932

I last saw her alive on Dec 11th, 1932. Death is said to have occurred on the date stated above, at 8:00 m.

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

Mastoiditis, Ch. Bilateral Date of onset 10-28-32
Post infectious nephritis
Pertussis - broncho-pneumonia (1)

Other contributory causes of importance:
Pertussis - broncho-pneumonia
 Name of operation mastoid Date of 12-9-32

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) Justard, M. D.

(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.

JAN 24 1933

49
52

