

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.

28 1933

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

Do not use this space.

1. PLACE OF DEATH

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

File No. 1908
 Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Baxter Springs home.
 (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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Baby</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L J</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec - 19 32</u>		
7. AGE	YEARS	MONTHS
	-	-
		DAYS
		14
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Baby</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>L J</u>	
	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) <u>Baxter Springs Kansas</u>		
FATHER	13. NAME <u>Thomas C. Gale</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crocker Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Ruby Horton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rogers Ark.</u>	
17. INFORMANT <u>Thomas C. Gale</u> (ADDRESS) <u>Baxter Springs</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hill Creek</u> DATE <u>Jan. 1 1933</u>		
19. UNDERTAKER <u>Porter M. Clark</u> (ADDRESS) <u>33rd General Clark</u>		
20. FILED _____ 1933 _____ Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 1 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1932, to 1-1, 1933

I last saw him/her alive on 12-31, 1932 Death is said to have occurred on the date stated above, at 12:55 A.M.

The principal cause of death and related causes of importance were as follows:
Premature Baby
Cerebral Hemorrhage
Birth

Other contributory causes of importance:
159
1512
157

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? No
 If so, specify _____
 (Signed) J. J. Gardner, M. D.
 (Address) Joplin Mo.

