

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

Do not use this space.

9961

1. PLACE OF DEATH

County Jasper
Township Jasper
City Joplin, Mo. (No. 2002)

Registration District No. 411
Primary Registration District No. 2002

File No. 101
Registered No. 101
St. Ward

2. FULL NAME

(a) Residence, No. Mrs. Laura R. Lett Ward.
(Usual place of abode) Barnum Hosp.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beverly W. Lett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9-1863

7. AGE YEARS 69 MONTHS 3 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. u. s. a.

10. Date deceased last worked at this occupation (month and year) Feb. 14-33 11. Total time (years) spent in this occupation 1863-1933

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

13. NAME Burgess Benschotter

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

15. MAIDEN NAME Pamelia Craig

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

17. INFORMANT (ADDRESS) Mrs. J. L. Ripe

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cemetery DATE Mar. 4-33

19. UNDERTAKER (ADDRESS) Frank Devoe & Co.

20. FILED 3-4-33 Whitson Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2-33

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14-33 to March 2-33
I last saw her alive on Mar. 24-33 Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Embolism
fractured hip
Other contributory causes of importance:
1863-1933
1943
1944

Name of operation fractured hip Date of Mar. 2-33
What test confirmed diagnosis? u Was there an autopsy? u

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? u Date of injury u, 1933
Where did injury occur? u (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury u
Nature of injury u

24. Was disease or injury in any way related to occupation of deceased?
If so, specify u
(Signed) E. H. Balslev, M. D.
(Address) Joplin, Mo.

Registrar

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.

APR 22 1933

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper
Township Joplin
City Joplin (No. _____)

Registration District No. 411
Primary Registration District No. 2002

File No. 101
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9-1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
69 3 23

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 5/10/23 Edwison Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1923

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h..... alive on _____, 19____ Death is said

to have occurred on the date stated above, at _____m.

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

Epilepsy Date of onset _____

Other contributory causes of importance:

fracture of hip caused by falling downstairs in residence

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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) _____, M. D.

(Address) _____

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