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.

APR 22 1933

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

Do not use this space.

9982

1. PLACE OF DEATH
County Jasper
Township
City Joplin, Mo (No. ..... St. ..... Ward)

Registration District No. 411
Primary Registration District No. 2002

File No. 122
Registered No.

2. FULL NAME Mrs. Eleng Mai Loth
(a) Residence, No. 2305 Bird 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 Fem.
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Val Loth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22-1887
7. AGE YEARS 45 MONTHS 6 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hs. Wife
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) Shady Hook Ky.

FATHER
13. NAME Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Val Loth 2305 Bird
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ozark Mem. Park DATE Mar. 16, 1933
19. UNDERTAKER (ADDRESS) Frank-Dyer Co. Joplin, Mo.
20. FILED 3-15, 1933 A. Benson Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1933 to Mar 14, 1933
I last saw her alive on Mar 14, 1933 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Lesion	1 yr.
95B	
95B	
Other contributory causes of importance:	
Influenza	7 days

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
(Signed) J. W. Barson, M. D.
(Address) Joplin Mo