

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.

9990
130

1. PLACE OF DEATH

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

Registration District No. 41
Primary Registration District No. 2902

File No.
Registered No. St. Ward)

2. FULL NAME

(a) Residence, No. 2715 Wall 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 Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 Month 16

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

13. NAME Alvin P. Lusser

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

15. MAIDEN NAME Wilma H. Conway

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

17. INFORMANT Joe Blige S. Sawyer
(ADDRESS) 2715 Wall

18. BURIAL (CREMATION OR REMOVAL) PLACE Frank Memorial Mort. Co.

19. UNDERTAKER (ADDRESS) Frank Blige S. Sawyer
Joplin, Mo.

20. FILED 3/18 1933 W. R. Clifton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from 12th Mch. 1933, to 19....., 19.....
I last saw her alive on 2nd Mch. - 16, 1933 Death is said to have occurred on the date stated above, at 5 a. m.

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

Intestinal infection Date of onset

Other contributory causes of importance:

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) Elmer H. Jurely, M. D.
(Address) Joplin, Mo.

