

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

Do not use this space.

13615

148

1. PLACE OF DEATH

Country Missouri Registration District No. 44 File No. _____
 Township Wentz Primary Registration District No. 165 Registered No. _____
 City Joplin (No. _____) 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 - 1908

7. AGE YEARS 29 MONTHS 7 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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) Wentz Mo

13. NAME Alfred Jacoby

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

15. MAIDEN NAME Martha Good

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

17. INFORMANT Family

18. BURIAL, CREMATION, OR REMOVAL
 PLACE W. L. Bur DATE 4-5-33

19. UNDERTAKER (ADDRESS) Wentz Mo

20. FILED 4/33 Wentz Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from Mar 12 1933 to Apr 1 1933
 I last saw him alive on Apr 1 1933 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:
Pulmonary tuberculosis
23 A tuberculous

Other contributory causes of importance:
23

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) G. T. Glendon, M. D.
 (Address) Joplin Mo.

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUTION

MAY 22 1933

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD.

