

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

Do not use this space.

**18867**

**1. PLACE OF DEATH**

7 County Bates Registration District No. 58  
Township Pleasant Gap Primary Registration District No. 5092  
City (No. ) St. Ward

File No. 18867  
Registered No. 51  
St. Ward

**2. FULL NAME**

(a) Residence, No. Joseph Wix 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23, 1862  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 4 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Bates Co  
(STATE OR COUNTRY) Missouri

13. NAME Joseph Wix

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

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) Don't Know  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Everett Morrell  
(ADDRESS) Bates Co

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Missouri DATE June 18, 1933

19. UNDERTAKER Butler  
(ADDRESS) Bates Co

20. FILED July 3, 1933 J. J. Compton  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1933

I HEREBY CERTIFY That I attended deceased from Jan 1933 to June 16, 1933

I last saw him alive on June 16, 1933 Death is said to have occurred on the date stated above, at 11 a.m.

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

Cerebral hemorrhage Date of onset

82A 82A  
97

Other contributory causes of importance:  
arteriosclerosis

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. J. Compton, M. D.

(Address) Butler, Mo.

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.

Miss. 20 1933

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