

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

Do not use this space.

20107

1. PLACE OF DEATH

County Jasper
Township Salmon
City Joplin Mo (No. _____)

Registration District No. 411
Primary Registration District No. 2002

File No. 242
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ Ward _____
(Usual place of abode) St. John's Hosp.

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No Record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16 - 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>38</u>	<u>6</u>	<u>22</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Attendant at Bath Kitchen Infirmary

10. Date deceased last worked at this occupation (month and year) 6 mo 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bentonsville Mo

13. NAME Robert Cornub

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

15. MAIDEN NAME Gennie Hafton

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

17. INFORMANT (ADDRESS) Mrs. Gennie Cornub 807 Howard

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE June 13 1933

19. UNDERTAKER (ADDRESS) Frank - Joplin Mo

20. FILED 6-19 1933 Ed J. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1933

22. I HEREBY CERTIFY That I attended deceased from May 1 1933 to June 11 1933

I last saw him alive on June 13 1933 Death is said to have occurred on the date stated above, at St. John's Hosp.

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

General Deprived
Other contributory causes of importance: 1. 56. 2. 20.
Unsanitary Living

Date of onset

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) Frank W. Baffert, M. D.
Joplin Mo (Address)

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.

JUL 22 1933

