

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.

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

Do not use this space.

20108

1. PLACE OF DEATH  
 County Jasper Registration District No. 411  
 Township Shelton Primary Registration District No. 2002  
 City Joplin (No. St. John's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mershel A. Lance  
 (a) Residence, No. R. 2 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. 18 mos. 18 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

File No. 243  
 Registered No. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Clara Lance  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1904  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
29 3 27  
 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) (STATE OR COUNTRY) Monett, Mo.  
 13. NAME Thomas C. Lance  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monett, Mo.  
 15. MAIDEN NAME Deborah Davis  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monett, Mo.  
 17. INFORMANT E. O. Lance  
 (ADDRESS) Jefferson St., Washo, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL Bethel Cem. - Monett DATE June 15, 1933  
 19. UNDERTAKER Lanpher Mortuary  
 (ADDRESS) Joplin, Mo.  
 20. FILED 6-19 1933  
 Registrar \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from May 26, 1933 to June 13, 1933  
 I last saw him alive on June 3, 1933. Death is said to have occurred on the date stated above, at 4:40 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonic Tuberculosis Date of onset 5/13/33  
23A 23A  
 Other contributory causes of importance:  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
 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 Elmwood road  
 (Signed) \_\_\_\_\_ M. D.  
 (Address) Joplin, Mo.

