

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

Do not use this space.

20502

File No. 330
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County New Madrid Registration District No. 604
Township _____ Primary Registration District No. 5802
City Joplin (No. _____) St. _____ Ward _____

2. FULL NAME

William Everett
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2-1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
18

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) Portageville Mo

13. NAME Jim Everett

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

15. MAIDEN NAME unknown

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

17. INFORMANT George Scott (ADDRESS) Joplin

18. BURIAL, CREMATION, OR REMOVAL PLACE Emerson DATE June 3 1933

19. UNDERTAKER Germany Undert Co. (ADDRESS) St. Louis Mo

20. FILED 6/5/33 1933 W. M. O'Baran Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2 1933
22. I HEREBY CERTIFY, That I attended deceased from 6-30 1933 to 6-2 1933.
I last saw him alive on 6-2 1933. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

Acute myocardial infarction
12-1
Other contributory causes of importance: 13

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 _____ 1933
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? no
If so, specify _____ (Signed) W. M. O'Baran, M. D.
(Address) 2205 Market St

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.

NO. 27 1933

1180

2