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

Do not use this space.

File No. 23481

Registered No.

Registration District No. 411

Primary Registration District No. 2002

1. PLACE OF DEATH
County: Jasper
Township: Galena
City: Joplin (No. ..... St. ..... Ward)

2. FULL NAME: Hugh Briggs Van Cuiber

(a) Residence, No. 936 West 2nd 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Mrs. Myrtle Van Cuiber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 19 - 1881

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Buick Agency

10. Date deceased last worked at this occupation (month and year): to date

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville Minnesota

FATHER

13. NAME: David Van Cuiber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

MOTHER

15. MAIDEN NAME: Lydia Wolticked

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

17. INFORMANT (ADDRESS): Mrs. Myrtle Van Cuiber 936 West 2nd

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Park DATE: July 10 1933

19. UNDERTAKER (ADDRESS): Frank-Lindsey Co. Joplin, Mo.

20. FILED 7-8 1933 Ed L. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-28, 1933, to 7-6, 1933

I last saw h alive on July 7, 1933. Death is said to have occurred on the date stated above, at 4 a.m.

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

	Date of onset
Internal Hemorrhage	
due to plural cavity	
of liver	
liver	

Other contributory causes of importance:
1030

Name of operation: c Date of: c
What test confirmed diagnosis? c Was there an autopsy? c

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? c 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) V. E. Kennedy M. D.
(Address) 311 Murphy Bank Joplin Mo

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.

WRITE ... PLAINLY, ... PRINTING INK—THIS IS A PERMANENT RECORD

AUG 28 19..

OFFICE PHONE 2600
OFFICE 826-7-8 FRISCO BLDG.

DR. ED. D. JAMES

REG. NO.
RESIDENCE PHONE 4489

℞ FOR DATE 9-9-33

In talking to Dr. Kenney, this diagnosis was made from the Undertakers report that Plural Cavity was full of blood, that a previous diagnosis of Peptic Ulscer had been made. The Doctor thinks the patient died probably from Perferation of Stomach wall. This patient was found dead in bed.

Take This to
JAMISON DRUG CO.
PHONE 1171 614 MAIN
JOPLIN, MO.

M. D.

5-23481

WRITE [illegible]LY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be car[illegible]plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may [illegible] properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. , St. Ward)

2. FULL NAME Hugh Van Amber
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 | 4. COLOR OR RACE | 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)

7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

OCCUPATION
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Ed A Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 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:

Internal hemorrhage of pleural cavity

Date of onset

Other contributory causes of importance:

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) , M. D.
(Address)

SUPPLEMENTARY

20013

5-23481