

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 11
 Township Wagoner Primary Registration District No. 2211
 City Joplin (No. 2211) Joplin St. Joplin Ward 3

File No. **23502**

Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm A Redus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 1859

7. AGE YEARS 74 MONTHS 4 DAYS 2 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinning sawyer, bookkeeper, etc. House

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

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) Cuba Mo.

MOTHER 13. NAME Martin Goodman

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

FATHER 15. MOTHER NAME Elizabeth Chubb

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

17. INFORMANT (ADDRESS) Mrs James Hopton

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 7/31/33

19. UNDERTAKER (ADDRESS) Funeral Home Co.

20. FILED 7-29-33 OR Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1933

22. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____
 I last saw h. or alive on one 17 1931 Death is said to have occurred on the date stated above, at 7:48 a.m.
 The principal cause of death and related causes of importance were as follows:
Organic (Valvular) heart disease
 Other contributory causes of importance: _____
 Name of operation none 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? No
 If so, specify _____
 (Signed) J G. Chenoweth M. D.
 (Address) 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.

AUG 26 1933

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

