

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

Do not use this space.

29992

1. PLACE OF DEATH  
 49 County Casper Registration District No. 411  
 7 Township Galena Primary Registration District No. 2002  
 5 City Joplin (No. 10) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Pearl Folds  
 (a) Residence, No. 1726 Virginia 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.

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19, 1925  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or mln.  
8 24  
 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. School  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15 - 393  
 22. I HEREBY CERTIFY, that I attended deceased from Sept 14 1933 to Sept 16 1933  
 I last saw him alive on Sept 16 1933 Death is said to have occurred on the date stated above, at 6:45 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Stroke heart  
2 / 10 M  
 Other contributory causes of importance: 2 / 10  
 Date of onset 211

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.  
 13. NAME Charles Folds  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
 15. MAIDEN NAME Ranney Lindle  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT (ADDRESS) Hurlbut Und Co. Joplin Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Fairview Sep. 16, 1933  
 19. UNDERTAKER (ADDRESS) Hurlbut Und Co. Joplin Mo.  
 20. FILED 9-16-33 Ed J. Jones Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? suicide Date of injury 9/15 1933  
 Where did injury occur? on highway, Joplin city  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public place - Highway  
 Manner of injury fallen in moving car  
 Nature of injury broken neck  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. G. Hogan, M. D.  
 (Address) Joplin

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 very important.

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