

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

Do not use this space.

36887

**1. PLACE OF DEATH**

County Jasper Registration District No. 411  
 Township Galena Primary Registration District No. 2002  
 City Joplin (No. 1415, Hill St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

(a) Residence, No. 1415 Hill 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 Female 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 Wilson Allen  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24, 1882  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
51 8 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
 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) Columbus, Kansas

MOTHER, FATHER 13. NAME James Greene Cushman

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

15. MAIDEN NAME Josephine Welch

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

17. INFORMANT Louis Allen (ADDRESS) 1415 Hill St., Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL Funeral Home DATE Nov 13, 1933

19. UNDERTAKER Lansher Mortuary (ADDRESS) \_\_\_\_\_

20. FILED 11-10 33 Ed E Jones Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1933, to 11-9, 1933.  
 I last saw her alive on 11-1-33, 1933. Death is said to have occurred on the date stated above, at 11:50 Am.  
 The principal cause of death and related causes of importance were as follows:

Ch. Interstitial Nephritis  
 131  
 1112  
 Other contributory causes of importance: Secondary Anemia  
 Date of onset: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Fluor 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) Ed E Jones, M. D.  
 (Address) Joplin Mo

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 is very important.

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