

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

Do not use this space.

40479

**1. PLACE OF DEATH**

County Jasper  
Township Jefferson  
City Joplin (No. 1117)

Registration District No. 411  
Primary Registration District No. 2002  
Comor Ave

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1117 Comor St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 17 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 5 17

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) Joplin Mo

13. NAME John Byron Lee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City Mo

15. MAIDEN NAME Phyllis June Nolan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Picher Okla

17. INFORMANT John L. Lee (ADDRESS) 1117 Comor

18. BURIAL, CREMATION, OR REMOVAL Lawrence Cemetery DATE 1-1 1934

19. UNDERTAKER Lanpher Martzany (ADDRESS) Joplin Mo

20. FILED 12-30 1933 21 D. Jones Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1933, to Dec 28 1933

I last saw him alive on Dec 28 1933. Death is said to have occurred on the date stated above, at 1:35 a.m.

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

Broncho-Pneumonia (Primary) Date of onset 12/23/33

Other contributory causes of importance 107 a

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Ellsworth Moody, M. D.

(Address) Joplin Missouri

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.

NO REGIN RESERVED FOR BINDING

S. No. 2

JAN 26 1934

