

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

Do not use this space.

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FEB 27 1934
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1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Patena Primary Registration District No. 2002
 City Joplin (No. 2506, Joplin St.) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2506 Joplin St. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 1839

7. AGE YEARS 94 MONTHS 6 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Logan Co Ohio

13. NAME Jeramial Wren

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Regal Johnson
2506 Joplin St Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carl Junction DATE Jan 13 1934

19. UNDERTAKER (ADDRESS) Douglas Mortuary
Joplin Mo

20. FILED 1-16-34 Ed J. Jones Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11th 1934

22. I HEREBY CERTIFY That I attended deceased from Dec 1st, 1933, to Jan 10th, 1934

I last saw him alive on Jan 10th, 1934. Death is said to have occurred on the date stated above, at 11:45 p.m.

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

Ch. Myocarditis Date of onset 1928

Other contributory causes of importance: Senility

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) A B Clark, M. D.

(Address) Joplin Mo

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