

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

Do not use this space.

1618

FEB 27 1934
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PLACE OF DEATH

County Jasper Registration District No. 411
Township Salena Primary Registration District No. 2002
City Joplin Mo

File No.
Registered No.
St. Ward)

2. FULL NAME

Dorothy May Lester

(a) Residence, No. Ward.

(Usual place of abode)

1824 W. A. St.

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24-34

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1934 to Jan 24 1934
I last saw him alive on Jan 24 1934 Death is said to have occurred on the date stated above, at 8:50 P.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1933

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

Date of onset 1/15/34

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Bronchial pneumonia
107A
Other contributory causes of importance:
unimportant

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo

13. NAME Sam Lester

Name of operation 8 Date of 7
What test confirmed diagnosis? Was there an autopsy?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salena Kansas

15. MAIDEN NAME Eva Uolo Davis

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

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

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Sam Lester
(ADDRESS) Joplin Mo

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Salena Ka 12634

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

19. UNDERTAKER Hurling Wood Co
(ADDRESS) Joplin Mo

(Signed) J. Achenbach, M. D.
(Address) Joplin Mo

20. FILED 1-24-34 Ed Jones Registrar.

Exact statement of OCCUPATION is very important.

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