FEB 27 1934

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

Do not use this space.

1624

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township Galena — Primary Registration District No. 21002 — Registered No.
City Joplin (No. St. James Hospital St. Ward)

2. FULL NAME Tennessee Sales

(a) Residence, No. (Usual place of abode) Castle Rock Joplin Mo St. Ward. (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 Fem
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22, 1854

7. AGE YEARS 79. MONTHS 5 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Ky.

FATHER
13. NAME John Gray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Amanda
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Family

18. BURIAL, CREMATION, OR REMOVAL
PLACE Peace Cem DATE 2-1 1934

19. UNDERTAKER (ADDRESS) Kinsley Und Co Joplin Mo

20. FILED 2-1 1934 Ed S Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1934, to Jan 31 1934
I last saw her alive on Jan 31 1934 Death is said to have occurred on the date stated above, at 5-30 P.M.
The principal cause of death and related causes of importance were as follows:

Shock from third degree burns accidentally inflicted

Date of onset

181

27

Other contributory causes of importance:

181

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-30 1934
Where did injury occur? Mother's Castle Rock (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury Caught from gas fire

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. G. Hogan, M. D.
(Address) Coldwater

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.