

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

Do not use this space.

1648

FEB 27 1934

1. PLACE OF DEATH

County Jasper Registration District No. 417
Township Joplin Primary Registration District No. 5561D
City Joplin (No. H. Mason)

File No.
Registered No. 6 St. Ward)

2. FULL NAME

(a) Residence, No. 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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15, 33
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— 11 — — —

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

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

13. NAME Godfrey Busick

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

15. MAIDEN NAME Mary Fleming

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

17. INFORMANT Godfrey Busick (ADDRESS) Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Peace Cem DATE 1-15-34

19. UNDERTAKER Wurditt Ford Co (ADDRESS) Joplin Mo

20. FILED 1-15, 1934 J. C. Crump Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13-34

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1934,
I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 6 PM

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

Lobar pneumonia
15K
1008
Other contributory causes of importance:
Date of onset

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? 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 M. S. Fleming, M. D.
(Address) Joplin Mo

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