

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Galena
City Jasper (No. 1)

Registration District No. 411
Primary Registration District No. 2002
(No. 1) Supernumerary + 10th

File No. 5397
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Supernumerary + 10th, Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 - 1856
7. AGE YEARS 77 MONTHS 4 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Jasper Co Mo

13. NAME Wallace Patrick

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

15. MAIDEN NAME Martha Hickory

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

17. INFORMANT Mr J. H. Morgan (ADDRESS) Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stone Cemetery Feb 24 1934

19. UNDERTAKER Langford Morgan (ADDRESS) Joplin

20. FILED 2 23 1934 Ed J. Jones Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1934 to Feb 22 1934
I last saw him alive on Feb 21 1934 Death is said to have occurred on the date stated above, at 10 p.m.

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

Robert Pneumonia Date of onset Feb 10 1934

Other contributory causes of importance: None

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? no 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 _____

(Signed) W. B. Brooks M. D.

(Address) Joplin Mo

