

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

Do not use this space.

5 1934

9344

49. PLACE OF DEATH
 County Osage Registration District No. 411
 Township Salena Primary Registration District No. 2002
 City Joplin (No. St. Johns Hospital) Ward _____
 2. FULL NAME Joe Ellen Apple
 (a) Residence, No. 135 W. Cherokee - St. _____ Ward. Baxter Springs Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2 1931
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..hrs. or ..min.
0 0 2 2
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
 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) St. Johns Hospital Joplin Mo
 MOTHER FATHER
 13. NAME Joe E Apple
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage, Mo.
 15. MAIDEN NAME Joe Ellen Shelton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT Joe E Apple
 (ADDRESS) Baxter Springs Mo
 18. BIRTHAL CREMATION, OR REMOVAL PLACE Baxter Springs Mo DATE 3/5 34
 19. UNDERTAKER (ADDRESS) Harvey's Baxter Springs Mo
 20. FILED 3-5 1934 Ed E. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4 1934
 22. I HEREBY CERTIFY That I attended deceased from March 2 1934 to March 4 1934
 I last saw her alive on Mar 4 1934 Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:
Cardiac failure Date of onset _____
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 Other contributory causes of importance: premature birth
 Name of operation none 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? no
 If so, specify _____
 (Signed) A. Mitchell M. D.
 (Address) Miss Bly Joplin Mo

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

