

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

Do not use this space.

1. PLACE OF DEATH

49. County Jasper Registration District No. 411 File No. 9376
 7. Township Stalena Primary Registration District No. 2002 Registered No. _____
 5. City Joplin (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 117 South Washington Ward. Joplin, 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 18 - 1933</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>0</u>
		DAYS <u>2</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Preston Okla.</u>		
FATHER	13. NAME <u>A. C. Ansel - 8</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma</u>	
MOTHER	15. MAIDEN NAME <u>Walter Cooper</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma</u>	
	17. INFORMANT <u>A. C. Ansel</u> (ADDRESS) <u>Joplin, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cole Cem.</u> DATE <u>3/22/34</u>	
	19. UNDERTAKER <u>J. W. ...</u> (ADDRESS)	
	20. FILED <u>3-23-34</u> <u>W. D. Jones</u> Registrar	

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1934 to Mar 2, 1934
 I first saw him/she live on Mar 2, 1934 Death is said to have occurred on the date stated above, at 7:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Brain hemorrhage
Followed by cerebral
hemorrhage
due to
hypertension
 Other contributory causes of importance:
No medical attention of any kind
delays to emergency treatment
that late in afternoon
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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 _____
 (Signed) W. J. ..., M. D.
 (Address) ...

N. B.—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.

1934

2039 88

