

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. 17154
 Township Joplin Primary Registration District No. 3337 Registered No. _____
 City Joplin (No. _____) (St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. 25 yrs St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 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 Female 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 David Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
64 3 10

OCCUPATION
 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. Housewife
 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) M.O.

13. NAME L. Shirley

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

15. MAIDEN NAME Sarah States

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

17. INFORMANT (ADDRESS) Mrs Nellie Smith

18. BURIAL, CREMATION, OR REINTERMENT Joplin Mo. 5-14-34

19. UNDERTAKER (ADDRESS) Joplin Mo

20. FILED 5-14, 1934 E. B. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12-34

22. I HEREBY CERTIFY, That I attended deceased from 5-11-, 1934 to 5-12, 1934
 I last saw him alive on 5-11, 1934 Death is said to have occurred on the date stated above, at 7-00 PM.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
3-11-34
77
 Other contributory causes of importance:
hypertension
arteriosclerosis

23. 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? no
 If so, specify _____
 (Signed) J. B. Jones M. D.
 (Address) Joplin Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 2 1934

