

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

Do not use this space.

1. PLACE OF DEATH

County Gasper Registration District No. 411 File No. 20846
 Township Joplin Primary Registration District No. 2002 Registered No. _____
 City Joplin (No. St. Johns Hosp.) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 305 1/2 W. 6th 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no Record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 24 - 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>56</u>	<u>7</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House duties

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) San Summit, Missouri

FATHER

13. NAME John D Wood.

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

MOTHER

15. MAIDEN NAME Eunice Wright

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

17. INFORMANT Mrs W H Hamilton
(ADDRESS) 1414 E. Cole

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt Hope DATE 6-7-34

19. UNDERTAKER Furber & Will
(ADDRESS) _____

20. FILED 6-6-34 Ed D James
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 34

22. I HEREBY CERTIFY That I attended deceased from June 2, 1934, to June 4, 1934
 I last saw her alive on June 4, 1934 Death is said to have occurred on the date stated above, at 9 A. m.
 The principal cause of death and related causes of importance were as follows:

Cancer of uterus and abdominal organs, bowels mesenteric etc

Date of onset _____

Other contributory causes of importance: Laparotomy - accomplished
Surq. operation

Name of operation Laparotomy 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. _____

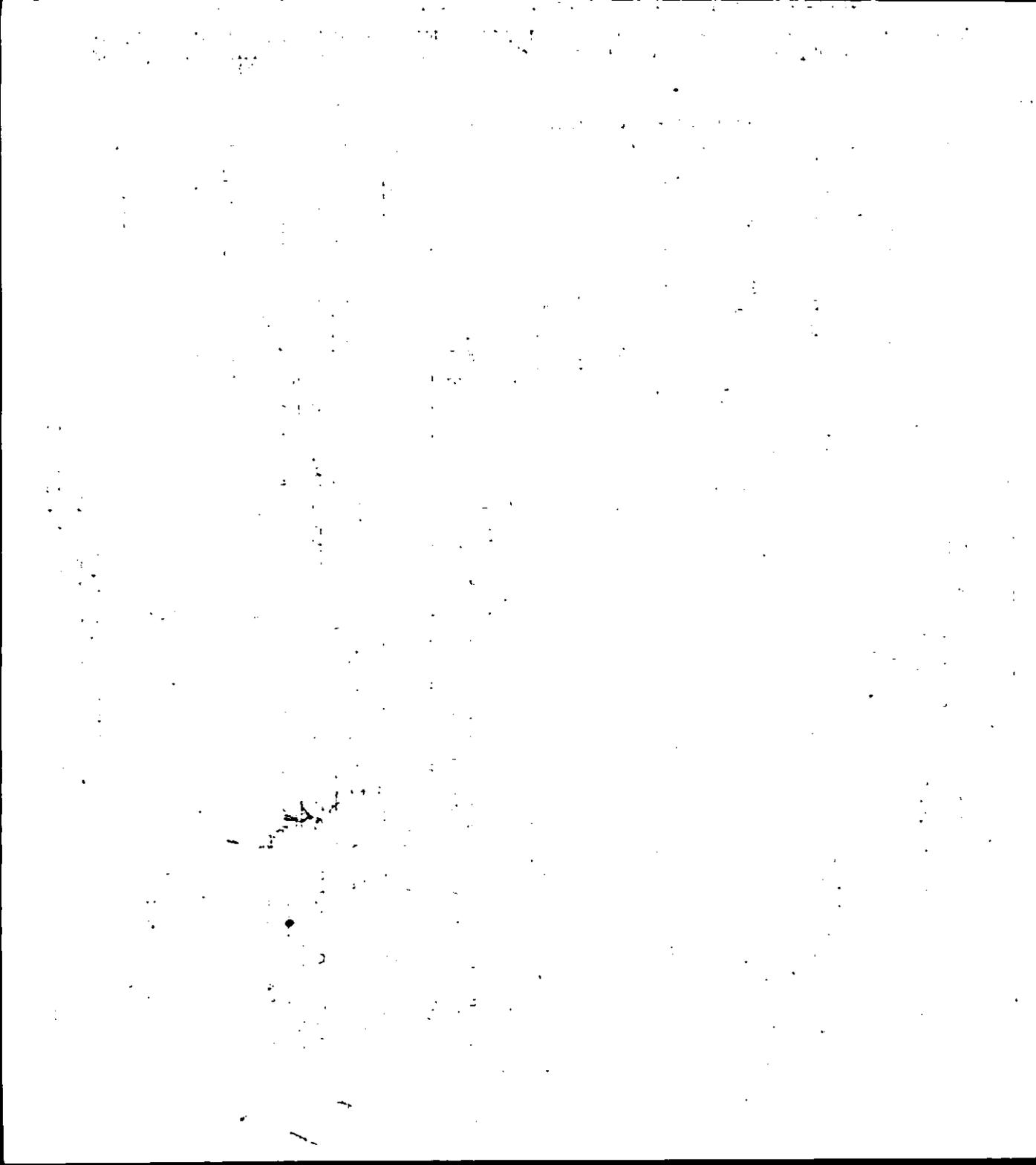
Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) L C Chenoweth, 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.

JUL 16 1934



Jasper

WASHINGTON

20846

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Stella Jones*
Who died at *St Johns Hosp* on *June 4 - 1934*
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex *F* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years *56* Months *2* Days *11*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) *organs, bowels*
Birthplace of father (State or country) *Mesentery etc*
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance *Do not know physician said L.C.C.*
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician *L. C. Chenoueth - Jasper Mo*
Address of physician _____

Signature of Registrar *E. T. McLaugh* Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very-truly-yours,

Reg. Dist. No. *411*
Primary Reg. Dist. No. *2002*

E. T. McLaugh
State Registrar
Special Agent.

S-20846

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