

**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  
 Township \_\_\_\_\_ Primary Registration District No. 2002  
 City Joplin (In) Freyman Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 20865

**2. FULL NAME**

(a) Residence, No. R. 7. N. # 1 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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 unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31, 1879

7. AGE YEARS 55 MONTHS 4 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Carlisle Ill.

13. NAME James Montow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Va.

15. MAIDEN NAME Emmalise Vassar

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

17. INFORMANT Mrs Velma Craig (ADDRESS) R. 1 - Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Granby, Mo. DATE June 15, 1934

19. UNDERTAKER Steele Undertaking Co (ADDRESS) Webb City, Mo

20. FILED 6-15-34 Ed O'Jener Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 8<sup>th</sup> 1934, to June 13<sup>th</sup>, 1934.

I last saw him alive on June 13<sup>th</sup>, 1934 Death is said to have occurred on the date stated above, at 11:50 P.m.

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

Myo-cardial failure Date of onset June 13<sup>th</sup>

Other contributory causes of importance:

malignancy and obstruction of intestinal junction of descending colon.

Name of operation intestinal resection Date of June 8-34

What test confirmed diagnosis? operation 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) B. H. Jar, 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

