

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.

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 Joplin Primary Registration District No. 2402
City Joplin (No. St. Johns Hosp.) St. _____ Ward _____

File No. 20873
Registered No. _____

2. FULL NAME

(a) Residence, No. Preker, Ok. St. _____ Ward. Picher, Okla.
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND OF (OR) WIFE OF <u>Roy M. Welch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-25-1912</u>		
7. AGE	YEARS	MONTHS
<u>21</u>		<u>10</u>
		DAYS
		<u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home wife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alba, Mo.</u>		
13. NAME <u>Steve Pivett</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>		
15. MAIDEN NAME <u>No Record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>		
17. INFORMANT (ADDRESS) <u>Mrs Beulah Husnik</u> <u>Picher, Okla.</u>		
18. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Casterville, Mo.</u>		
19. UNDERTAKER (ADDRESS) <u>Funeral Home</u> <u>Picher, Okla.</u>		
20. FILED <u>6-19</u> 19 <u>34</u> <u>Ed D. James</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-8 1934, to 6-17 1934
I last saw him alive on 6-17 1934. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Peritonitis
Date of onset _____

Other contributory causes of importance:
Salpingitis
Exploratory

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

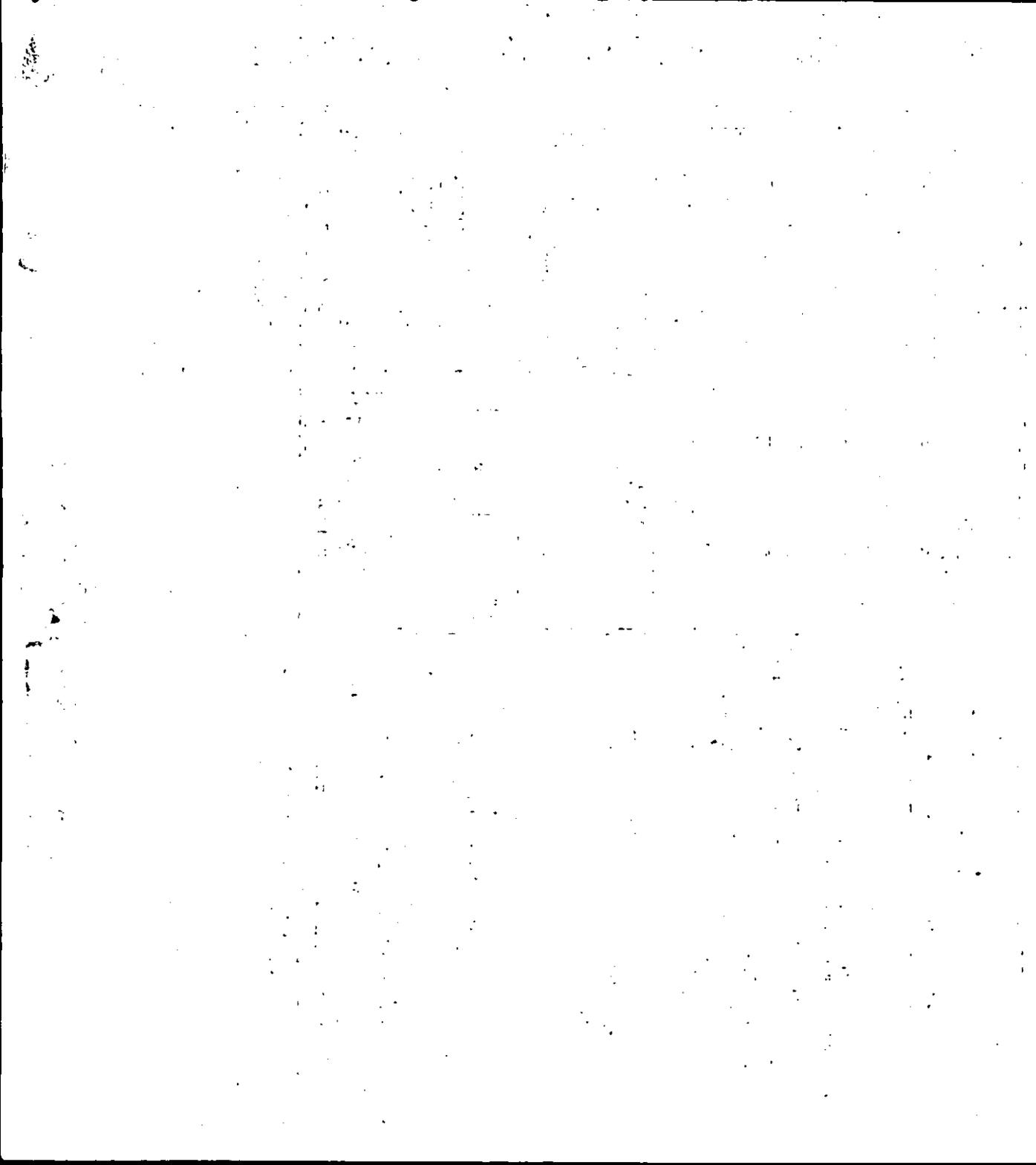
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) C. M. Bealey, M. D.
(Address) Joplin, Mo.

JUL 16 1934

2035

10035-11-25-33



DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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: Eva Mc Wethy
Who died at _____ on June 17 - 1937
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 21 Months 10 Days 22

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) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Pleuronitis - This was Pneumonia

There was no malignancy.

Other contributory causes of importance Salpingitis

Name of operation _____ Date of if _____

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 37

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 _____

Address of physician _____

Signature of Registrar Ed. W. James - D.

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,

E. T. Mc Gaugh M.D.

Reg. Dist. No. 411

Primary Reg. Dist. No. 2002

Special Agent.

E.T.C.

CONFIDENTIAL - SECURITY INFORMATION

CONFIDENTIAL - SECURITY INFORMATION