

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Joplin
City Joplin

Registration District No. 411
Primary Registration District No. 2002
No. 2008 Grand

File No. 20889
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2002 Grand St., _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-5-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 4 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Single
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) Jasper Co Mo

13. NAME Emil A Mace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marble Rock Iowa

15. MAIDEN NAME Thelma Woodruff

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

17. INFORMANT (ADDRESS) Emil A Mace

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope DATE June 28 1934

19. UNDERTAKER (ADDRESS) Daugherty Mortuary

20. FILED 6-29-34 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1934

22. I HEREBY CERTIFY That I attended deceased from June 23 1934 to June 26 1934
I last saw him alive on June 26 1934 Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Broncho pneumonia
1070
Acute Bronchitis

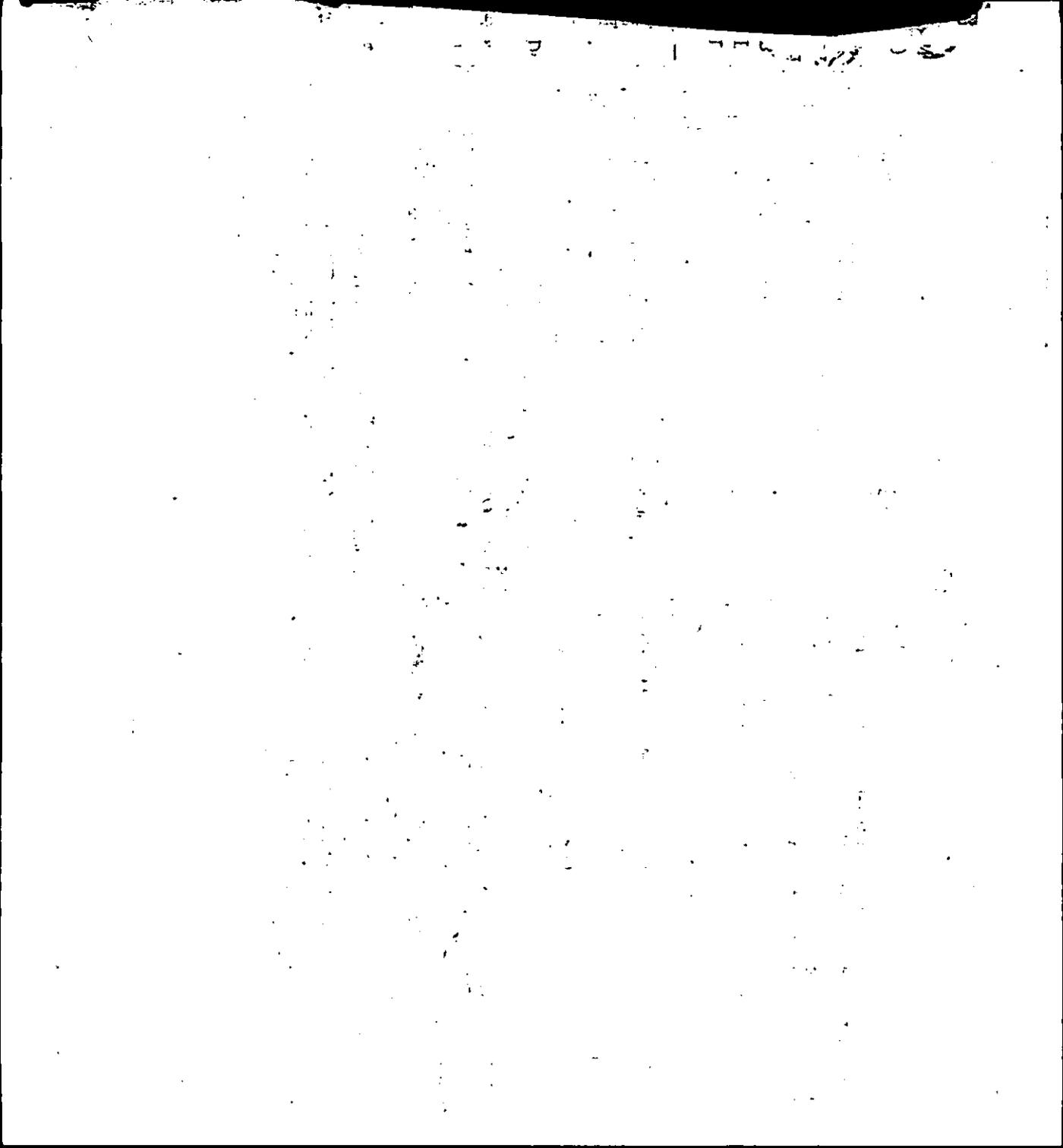
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Ed D Jones M. D.
(Address) 1708 Sugar Bed

CAUSE OF DEATH: _____
EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.
PHYSICIANS SHOULD SIGN.
JUL 16 1934



#2

*Jasper
Joplin*

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: Chas. Richard Mace

Who died at _____ on June - 26 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months 4 Days 21

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: Broncho Pneumonia
There was no complications prior to or along with Broncho Pneumonia

Other contributory causes of importance Acute Bronchitis

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 _____

Address of physician _____

Signature of Registrar Ed D. James

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.

Reg. Dist. No. 411

Very truly yours,

Primary Reg. Dist. No. 2002

E. T. McGaugh M.D.
Special Agent. *K*

Every item of information should be carefully checked in plain

5-20889