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.

AUG 30 1934

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. 29761
Township — Primary Registration District No. 2002 — Registered No.
City Joplin Mo (No. St. Johns Hospital St. Ward)

2. FULL NAME Charles B. Nevins
(a) Residence, No. 511 N. Wall 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: Male
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Mar
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Susie L. Harris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 28-1885
7. AGE: Years 49 — Months 5 — Days 18 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Adv Mgr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Joplin Globe
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): Morgan Co Mo

FATHER
13. NAME: William Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Anna Fields
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs Susie L. Harris 511 N. Wall
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt Hope — DATE: Aug 18 1934
19. UNDERTAKER (ADDRESS): The Spurgeon-Riggs Co Joplin Mo
20. FILED: 8-17 1934 — E. D. Jones, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 16, 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1934 to Aug 16, 1934
I last saw him alive on Aug 16, 1934. Death is said to have occurred on the date stated above, at 8:10 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Nephritis
Following Abscess of
Bronchial Wall of Intestines
Tubercular with Chronic Pyelitis

Date of onset

Other contributory causes of importance:

163

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 8-9, 1934
Where did injury occur? in Joplin, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury
Nature of injury

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

OCT 6 1948