

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.

OCT 15 1934

1. PLACE OF DEATH
 49 County Jasper Registration District No. 411
 2 Township Joplin Primary Registration District No. 2002
 5 City Joplin (No. Willems Hosp.) St. _____ Ward _____

2. FULL NAME Joyce Elaine Phipps
 (a) Residence, No. 1715 Murphy Ward _____
 (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. (If nonresident, give city or town and State)

File No. 33160

Registered No. _____
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28, 34

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 6

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

13. NAME C. L. Phipps

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

15. MAIDEN NAME Stella May Wright

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

17. INFORMANT C. L. Phipps (ADDRESS) Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Park DATE 9-4-34

19. UNDERTAKER Wurth and Co (ADDRESS) Joplin Mo.

20. FILED 9-5-34 1934 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 34

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1934 to Sept 3, 1934

I last saw him alive on Sept 2, 1934. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 1600
Birth injury
 Other contributory causes of importance:
1600

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) V. C. Kenney M. D.
 (Address) 311 Summers Park
Joplin, Mo.

