

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

Do not use this space.

NOV 15 1934

36404

1. PLACE OF DEATH

County Jasper Registration District No. 411  
Township Joplin Primary Registration District No. 2002  
City Joplin (No. Freeman Hosp) St. Jasper Ward Jasper, Mo.

2. FULL NAME

(a) Residence, No. Jasper, Mo. St. Jasper, Mo. Ward Jasper, Mo.  
(Usual place of abode) (If nonresident give city or town and State)

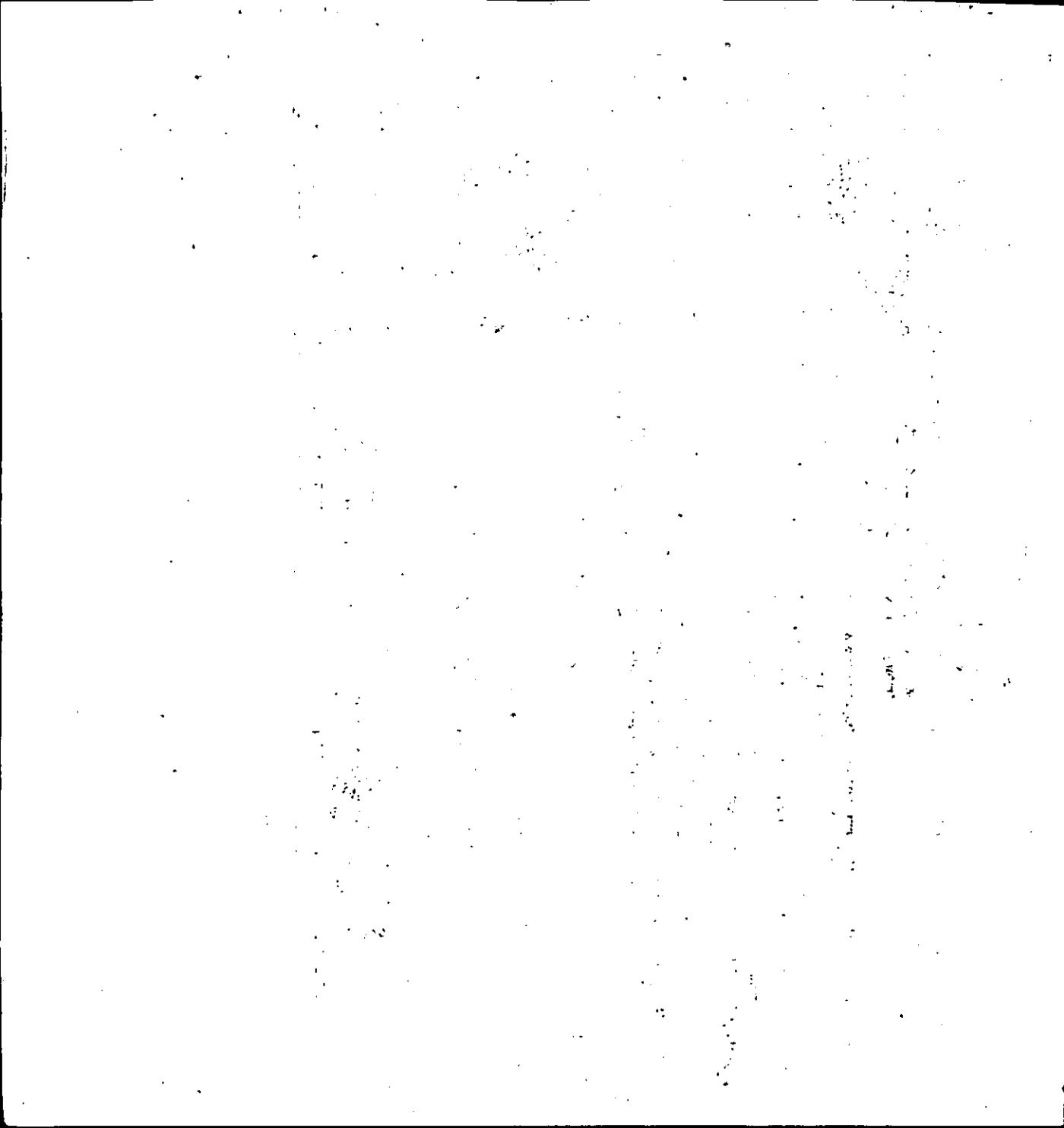
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct 20</u> , 19 <u>34</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sam B. Senexey</u>			22. I HEREBY CERTIFY, That I attended deceased from I last saw h. <u>alive on Oct 20</u> , 19 <u>34</u> . Death is said to have occurred on the date stated above, at <u>5:00</u> p.m. The principal cause of death and related causes of importance were as follows: <u>Buerger's disease with thrombotic failure</u> <u>History of Pulm. 4 yrs</u> <u>Secondary anemia 2 yrs from bleeding fibroid uterus</u> Other contributory causes of importance: <u>hypertension</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 24 1891</u>			Date of onset <u>Sept 15 1934</u>
7. AGE	YEARS <u>43</u>	MONTHS <u>8</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>home maker</u>			11. Total time (years) spent in this occupation <u>33</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>54</u>			
10. Date deceased last worked at this occupation (month and year) <u>90</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Exford</u>			
13. NAME <u>J. B. Jewell</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Exford</u>			
15. MAIDEN NAME <u>Ma. One Law</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Exford</u>			
17. INFORMANT (ADDRESS) <u>George B. Jewell</u>			
18. BURIAL, CREMATION, OR DISMANT PLACE <u>Freeman Hosp</u> DATE <u>Oct 27</u> , 19 <u>34</u>			
19. UNDERTAKER (ADDRESS) <u>Joplin, Mo.</u>			
20. FILED <u>1934</u> 19 <u>34</u> <u>Ed D. Jerni</u> Registrar.			
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? <u>No</u> If so, specify _____ (Signed) <u>W. B. Eli Star</u> , M. D. (Address) <u>Joplin, Mo.</u>

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Gasper Registration District No. 411  
 Township Gasper Primary Registration District No. 2002  
 City Gasper No. Freemason Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
43 8 26

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) \_\_\_\_\_

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED \_\_\_\_\_ 19 Ed J. James Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19 \_\_\_\_\_, to \_\_\_\_\_, 19 \_\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_ Death is said

to have occurred on the \_\_\_\_\_ above, at \_\_\_\_\_ m.

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

Receipt because death certificate false  
perjury, anemur  
fibroma

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Was not malignant

Name of operation 54 C 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) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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