

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.

JAN 17 1935

43375

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Joplin Primary Registration District No. 2002
City Joplin (No. 2114 Joplin) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2114 Joplin 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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF S. J. Tamblin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1875
7. AGE YEARS 59 MONTHS 03 DAYS 26 If LESS than 1 day, _____ hrs. _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Findlay Ohio
13. NAME Michael Myers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Findlay Ohio
15. MAIDEN NAME Ruey Anna Price
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Findlay Ohio
17. INFORMANT Miss Evelyn Tamblin
(ADDRESS) 2114 Joplin St Joplin Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 12-17 1934
19. UNDERTAKER (ADDRESS) The Frank-BEVERS Co 4th and Wall - Joplin Mo
20. FILED 12-13 1934 Ed D. Jones Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 1934
22. I HEREBY CERTIFY, That I attended deceased from November 26 1934 to December 12 1934
I last saw h... alive on December 11 1934. Death is said to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Liver Date of onset _____
Stomach
4/4
Other contributory causes of importance:
Stomach
Name of operation Ligature Date of 12-9-34
What test confirmed diagnosis Section Was there an autopsy? No
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) Carl Kelley M. D.
(Address) Joplin, Mo.

