

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

1. PLACE OF DEATH

County Jasper Registration District No. 44 File No. 43399
 Township _____ Primary Registration District No. 2002 Registered No. _____
 City Joplin (No. 215 - Pennsylvania) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. ~~215~~ St. _____ Ward. Picher, Okla.
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hazel Mouchard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 13 - 1901</u>		
7. AGE YEARS <u>33</u>	MONTHS <u>1</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
13. NAME <u>Russell Mouchard</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		
15. MAIDEN NAME <u>Nellie Springston</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
17. INFORMANT <u>Nellie Flowers</u> (ADDRESS) <u>Joplin Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hillcrest Salina, Kan.</u> DATE <u>Dec. 28 - 1934</u>		
19. UNDERTAKER <u>M. W. Green</u> (ADDRESS) <u>Picher, Okla.</u>		
20. FILED <u>12-28</u> 19 <u>34</u> <u>Ed D. Jarman</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24 1934, to Dec 26 1934
 I last saw him alive on Dec 25 1934 Death is said to have occurred on the date stated above, at 12:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Silico - Tuberculosis
Pneumo pneumonia
Pericarditis
 Other contributory causes of importance: Syphilis

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

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? yes
 If so, specify Silico from work as miner
 (Signed) V. M. Krimley, M. D.
 (Address) Joplin, Mo.

