

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.

45639-2
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1936 JAN 13

1. PLACE OF DEATH
 County Washburne Registration District No. 590
 Township St. Francois Primary Registration District No. 4076
 City St. Francois (No. 1) 2034 St. _____ Ward _____

2. FULL NAME Luigia Joplin
 (a) Residence, No. St. Francois, Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. Joplin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-4-1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>3</u>	<u>27</u>	

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. House Keeper

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) Farmington Mo.

FATHER

13. NAME Ruben Call

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

MOTHER

15. MAIDEN NAME Arlene Mitchell

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

17. INFORMANT (ADDRESS) C. G. Joplin, St. Francois, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmore DATE 1-1-36

19. UNDERTAKER (ADDRESS) C. G. Joplin, St. Francois, Mo.

20. FILED 12-31 1934 C. G. Joplin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934 to Dec 7, 1934
 I last saw her alive on Dec 30, 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 Dec 27
82 A
803

Other contributory causes of importance _____

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) C. G. Joplin, M. D.
 (Address) St. Francois, Mo.

