

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

Do not use this space.

MAR 26 1935

5736

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Joplin Primary Registration District No. 2007
 City Joplin (No. St. Johns Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 29 1905</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>
	DAYS <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>L</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>L</u>	
	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) <u>Conthage Mo</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>✓</u>	
MOTHER	15. MAIDEN NAME <u>Martha Davis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Vera Bryson Joplin</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harveys Cem</u> DATE <u>Feb 5 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Samuel Martzany</u>		
20. FILED <u>2-4-35</u> 19 <u>35</u> <u>Ed D. Jarne</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-1-35, 19____, to 2-3-35, 19____
 I last saw her alive on 2-3-35, 19____. Death is said to have occurred on the date stated above, at 8 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage (with injury?) (at) 160 lb
 Other contributory causes of importance:
Autopsy ordered by Judge of juvenile court

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? _____
 If so, specify _____
 (Signed) Thut Wood, M. D.
 (Address) Joplin, Mo

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.

