

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

Do not use this space.

9537

APR 2 9 1935

1. PLACE OF DEATH

County Jasper
Township _____
City Joplin (No. _____)

Registration District No. 411
Primary Registration District No. 2002
Ferman Hospital

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

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>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12 - 1935

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, 2 1/2 hrs. or _____ min.
	0	0	0	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	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) Joplin Mo.
(STATE OR COUNTRY)

13. NAME Earl Barker

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

15. MAIDEN NAME Alberta Ludy

16. BIRTHPLACE (CITY OR TOWN) Coal Jer. Mo.
(STATE OR COUNTRY)

17. INFORMANT Earl Barker
(ADDRESS) Coal Jer. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coal Jer Mo DATE Mar 12 1935

19. UNDERTAKER W. J. James
(ADDRESS) Coal Jer. Mo.

20. FILED 3-12-35 Earl D. James
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-35 1935

22. I HEREBY CERTIFY, That I attended deceased from on 3/12, 1935, to 3-12, 1935.
I last saw him alive on 3-12, 1935. Death is said to have occurred on the date stated above, at 2-A a.m.

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

Date of onset _____
Premature (six months)
Caesar due to brain of Mitral Ectasia
Other contributory causes of importance: _____
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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) W. J. James M. D.
(Address) 3/12/35 Joplin, Mo.

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.

