

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

Do not use this space.

9558

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No.
 Township Joplin Mo. Primary Registration District No. 2002 Registered No.
 City Joplin Mo. (No. 2027 Pennsylvania) (Ward)

2. FULL NAME

(a) Residence, No. 2027 Penn 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

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14 - 1899

7. AGE YEARS MONTHS DAYS IF LESS than 4 day, hrs. or min.
35 5 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. zinc & lead
 10. Date deceased last worked at this occupation (month and year) 17 yrs ago 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eric, Ind.

13. NAME John H. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, Ind.

15. MAIDEN NAME Livonia Mosier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, Ind.

17. INFORMANT Mrs. Margaret Wilson
 (ADDRESS) 2027 Penn, Ar

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph's DATE Mar 25, 35

19. UNDERTAKER Frank Weaver Co
 (ADDRESS) Joplin Mo.

20. FILED 3-25-35 Ed D Jones
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1935, to Mar 22, 35
 I last saw him alive on Mar 22, 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Pulmonary Tuberculosis Date of onset 1933

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) W S Rowland, M. D.

(Address) 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.

2027

