

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

Do not use this space.

9578

APR 19 1935

1. PLACE OF DEATH

County Jasper
Township Joplin
City Joplin (No. 2639 E. 5th)

Registration District No. 411
Primary Registration District No. 2002

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

2. FULL NAME

(a) Residence, No. 2639 E 5th St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

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>Married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>America Wallace</u>		
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 16 1861</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>5</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-29, 1935, to 3-29, 1935.

I last saw him alive on 3-29, 1935. Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Chronic nephritis - 131
heart block
Date of onset _____

Other contributory causes of importance:
history of long standing nephritis -

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) Ed A James, M. D.
(Address) Joplin, Mo

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>George Wallace</u> (ADDRESS) <u>Joplin Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Park</u> DATE <u>April 8</u>	
19. UNDERTAKER (ADDRESS) <u>Pamphlet Mortuary</u>	
20. FILED <u>4-1</u> 19 <u>35</u> <u>Ed James</u> Registrar.	

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.

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