

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

Do not use this space.

APR 1 1935

9579

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
Township Joplin Primary Registration District No. 2002 Registered No. _____
City (No. 621 Ozark) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 621 Ozark 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carl O. Dennis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14 1901</u>		
7: AGE	YEARS <u>33</u>	MONTHS <u>10</u>
	DAY <u>17</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>house-keeper</u>	
	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)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Joplin Mo</u>	
FATHER	13. NAME <u>J O Francis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cleveland OH</u>	
	15. MAIDEN NAME <u>Battie Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	17. INFORMANT <u>Carl O. Dennis</u> (ADDRESS) <u>Joplin Mo</u>	
	18. BURIAL, CREMATION OR REMOVAL PLACE <u>Methodist</u> DATE <u>4/2/35</u>	
	19. UNDERTAKER (ADDRESS) <u>Joplin Mo</u>	
20. FILED	<u>4-2-1935</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1935, to Mar 31, 1935
I last saw her alive on Mar 31, 1935. Death is said to have occurred on the date stated above, at 3:00 PM
The principal cause of death and related causes of importance were as follows:
Smogged, crushed wound of chest through left side of heart
Date of onset 167

Other contributory causes of importance:
Deafness

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? accident 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. P. Pagan, M. D.
(Address) Joplin

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.

