

MAY 29 1935

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

Do not use this space.

13290

## 1. PLACE OF DEATH

County Jasper  
Township Joplin Twp  
City Joplin Mo (No. 2027)

Registration District No. 411  
Primary Registration District No. 2002  
St. Annex Baxter Ward.

File No. ....  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 2027 Annex Baxter 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mae Carrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25-1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 8 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building  
10. Date deceased last worked at this occupation (month and year) 30th Nov. 1934 11. Total time (years) spent in this occupation. 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Iowa13. NAME Peter Carrow14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin15. MAIDEN NAME Rebecca Reynolds16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT (ADDRESS) Mr. Reator Green Redfield, Kansas18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence DATE May 2, 193519. UNDERTAKER (ADDRESS) Frank - Dickson Joplin Mo20. FILED 5-1 19 35 Ed D. Jones Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 30, 193522. I HEREBY CERTIFY, That I attended deceased from Apr 29 - 1935 to Apr 30, 1935I last saw alive on Apr 30, 1935 Death is saidto have occurred on the date stated above, at 7:15 P. M.

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

Date of onset

Carcinoma of StomachOther contributory causes of importance: 46

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) Joy E. Muro, M. D.(Address) 708 Howard Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 22 1955