

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.

JUN 21 1935

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

Do not use this space.

16813

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
Township Jasper Primary Registration District No. 2902 Registered No. \_\_\_\_\_  
City Joplin (No. St. Johns Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 2376 Pine St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willard Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 1890

7. AGE YEARS 37 MONTHS 6 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Danvers Mo

13. NAME Rue Stephenson

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

15. MAIDEN NAME Mertie Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Key Ind.

17. INFORMANT Miss Benson

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns DATE 5/7/35

19. UNDERTAKER Anderson & Co

20. FILED 5-3 1935 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1935

22. I HEREBY CERTIFY, That I attended deceased from April 26 1935 to May 1 1935

I last saw her alive on May 1 1935 Death is said to have occurred on the date stated above, at 11:49 a.m.

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

Myocardial failure  
Prorupted Pearly banding

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) R. D. Far \_\_\_\_\_, M. D.

(Address) Joplin, Mo

