

JUN 21 1935

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

Do not use this space.

16824

1. PLACE OF DEATH

County Jasper Registration District No. 4 11  
Township Joplin Primary Registration District No. 2002  
City Joplin (No. St. John's Hospital St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Galena Iowa  
(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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>S. C. Westcott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 13 - 1875</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>7</u>	DAYS <u>23</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>Home wife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>
	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) Iowa

13. NAME Anderson B. Croston

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Iud.

15. MAIDEN NAME Maryart B. Scott

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Iowa

17. INFORMANT S. C. Westcott (ADDRESS) Galena Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hope DATE May 9 1935

19. UNDERTAKER Loice Lund Co (ADDRESS) Galena Iowa

20. FILED 5-6-35 19 35 Ed Djarne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14 1935 to May 6 1935  
I last saw her alive on May 6 1935. Death is said to have occurred on the date stated above, at 4 a.m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Edema. Date of onset 5-5-35

Other contributory causes of importance: 1072  
broncho-pneumonia 4-29-35

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis standard Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_  
(Signed) O. T. Blaschke  
(Address) 75 E. 13th Bldg, 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.

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