

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

Do not use this space.

17527

JUN 27 1935

1. PLACE OF DEATH

County W. Ripley Registration District No. 750
 Township #25 Jordan Primary Registration District No. 1
 City (No. _____) St. _____ Ward _____

File No. 13
 Registered No. 1304

2. FULL NAME

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

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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 Louise Joplin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 29, 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm
 10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter County Missouri

FATHER
 13. NAME Chas. Joplin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
 15. MAIDEN NAME unknown Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Virgil Joplin
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Macedonia DATE 5-15-35

19. UNDERTAKER (ADDRESS) Frank Jordan
W. Ripley, Mo.

20. FILED 5-23-35 C. B. Johnston
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1935, to May 13, 1935

I last saw him alive on May 7, 1935. Death is said to have occurred on the date stated above, at 12:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Paralysis
24
 Other contributory causes of importance: tree
 Name of operation none Date of _____
 What test confirmed diagnosis? Clinical 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?

If so, specify Yes
 (Signed) Dr. J. H. Williams, M. D.
 (Address) Dauphin 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.

