

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

Do not use this space.

JUL 23 1935

✓
20115

1. PLACE OF DEATH

County Gasper
Township _____
City Joplin (No. _____)

Registration District No. 411
Primary Registration District No. 2002
St. St. John's Hospital St. _____ Ward) _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Lorton Kans.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred - yrs. - mos. 6 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 10 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Lorton Kans

13. NAME Warren McKeown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Mo.

15. MAIDEN NAME Blauche Goddough

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

17. INFORMANT Mrs. Blanche McKeown (ADDRESS) Lorton Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waco Mo. DATE July 12 1935

19. UNDERTAKER (ADDRESS) C. B. Rowen
Care Johnson Mo.

20. FILED 6-12-35 E. D. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-4, 1935 to 6-10, 1935
I last saw him alive on 6-10, 1935 Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Acute dilatation of heart
10/8

Other contributory causes of importance: Pneumonia followed by Empyema

Name of operation Parenteral of chest Date of 6-12-35
What test confirmed diagnosis? Chest X-ray 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)

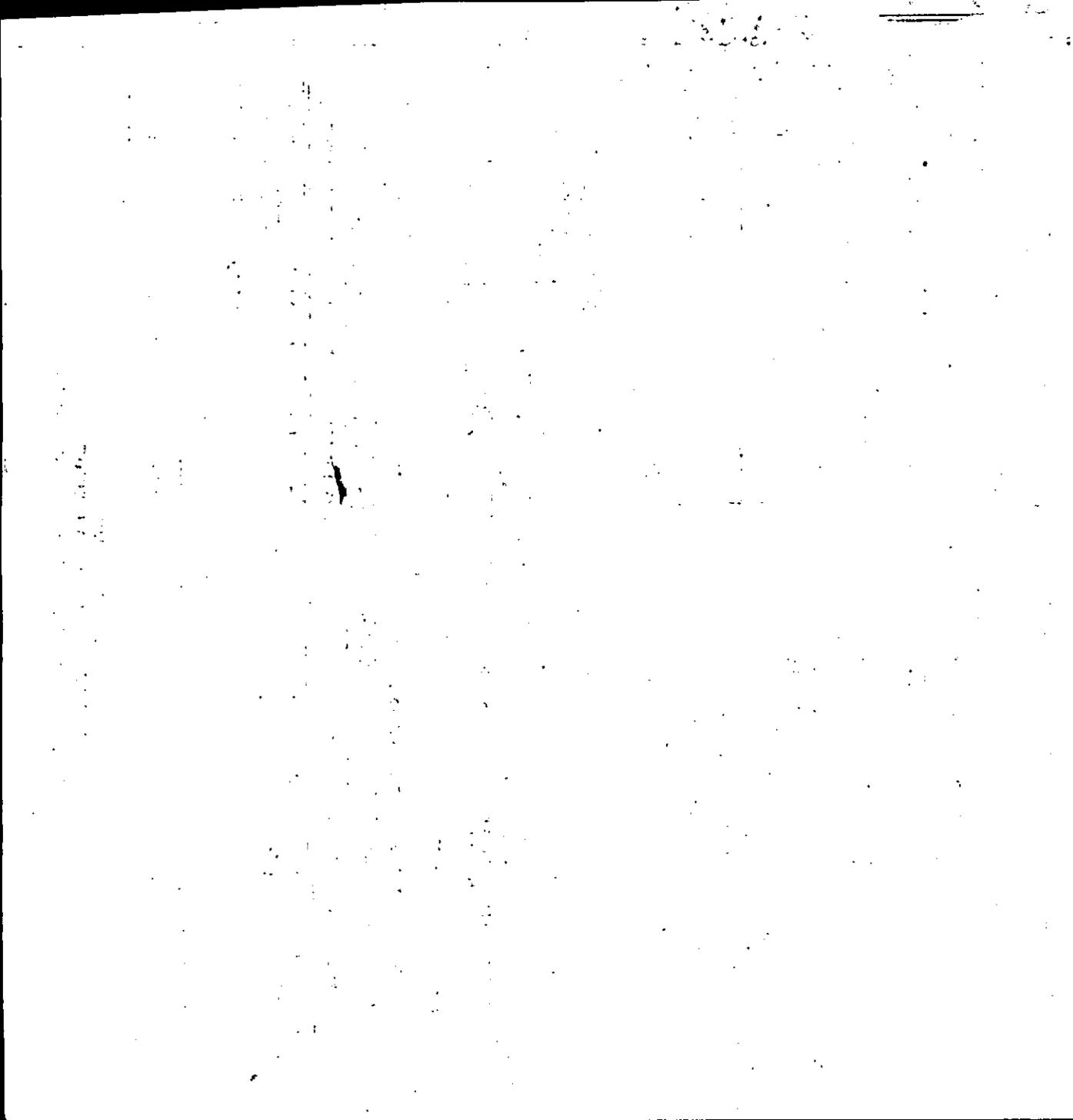
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) J. D. Hardy M. D.
(Address) Joplin Mo.

90 20



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

ALL INFORMATION CALLED
FOR MUST BE SET OUT ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Gasper
Township _____
City Joplin (No. _____, St. _____ Ward)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. _____

2. FULL NAME

Vernon Meade McFeran

(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 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 S
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 10 25

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 6-12 1935 E. J. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

acute dilatation of Heart
pneumonia Followed by emphysema
Lobar Pneumonia

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) J. W. Hardy, M. D.
(Address) Joplin Mo

AUG 6 1935

S-2015