

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

Do not use this space.

20139

Jun 23 1935

1. PLACE OF DEATH

County Jasper

Registration District No. 411

File No. _____

Township Salena

Primary Registration District No. 2002

Registered No. _____

City Joplin (No. 1402 Pearl)

St. _____ Ward _____

2. FULL NAME Maraldine Cook Lentz

(a) Residence, No. 1402 Pearl St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from June 24 1935, to June 27, 1935. Last saw her alive on June 29, 1935. Death is said to have occurred on the date stated above, at 11 A. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15, 1915

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 20 8 12

Latin pneumonia Date of onset 6/24

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

Other contributory causes of importance: Pelvic Cellulitis
Cause unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby, Mo

Name of operation _____ Date of _____

13. NAME Thomas Jack Cook

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby, Mo

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

15. MAIDEN NAME Bessie Pateet

Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo

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

17. INFORMANT Thomas Jack Cook (ADDRESS) 1402 Pearl St

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Salena, Mo DATE June 29, 1935

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

19. UNDERTAKER Laughed Mortuary (ADDRESS) 1502 Joplin St

(Signed) J. H. W. W. W., M. D.

20. FILED 6-28, 1935 Ed D. James Registrar.

(Address) 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.

