

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

Do not use this space.

**JUL 23 1935**

20140

**1. PLACE OF DEATH**

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 City Joplin (No. Free man Hospital) Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 3237 Wagoner Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 40 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 widowed  
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph M. Marsh  
 7. AGE YEARS 62 MONTHS 4 DAYS 128 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House duties  
 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 ✓

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1935  
 22. I HEREBY CERTIFY that I attended deceased from June 27, 1935 to June 27, 1935  
 I last saw her alive on June 27, 1935 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:

Cerebral Hemorrhage  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: Stroke

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. J. Hughes M. D.  
 (Address) Joplin Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 13. NAME Francis M Crumpton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piquette Ohio  
 15. MAIDEN NAME Hester Ann Baker  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
 17. INFORMANT (ADDRESS) P. A. Marsh  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE June 27, 1935  
 19. UNDERTAKER (ADDRESS) Joplin Mo.  
 20. FILED 62819-35-Ed Jones Registrar.

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.

MAR 10 1948