

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

Do not use this space.

23406

JUL 23 1935

**1. PLACE OF DEATH**

County Jasper  
Township \_\_\_\_\_  
City Joplin

Registration District No. 411  
Primary Registration District No. 2002

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) 3 mi N. of Joplin Mo.

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

Donald (NONA) J. Stults STULTS

**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 Nora Stults

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
40 — 14

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Empire Dis

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cronogo MO

13. NAME Robert Stults

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

15. MAIDEN NAME Laura Dodd

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

17. INFORMANT (ADDRESS) Nora Stults Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE 7-5- 1935

19. UNDERTAKER (ADDRESS) Wurlich and Co Joplin Mo

20. FILED 7-2-35 1935 J. E. Jones Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935, to July 1 1935

I last saw him alive on July 1 1935 Death is said to have occurred on the date stated above, at 6:27 a.m.

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

Shock and hemorrhage from rupture of abdominal aorta  
chest  
W. J. Stults  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? 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? no Date of injury July 1 1935

Where did injury occur? East Joplin Mo (Specify city or town, county, and State)

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

Manner of injury fall off electric light pole

Nature of injury chaffed neck

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

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

