

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

AUG 16 1935

23443

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Jasper Primary Registration District No. 2002
City Joplin (No. 1720, Missouri) St. _____ Ward _____

2. FULL NAME

Louis Cellner

(a) Residence, No. 1720 Missouri St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23-1858
7. AGE YEARS 77 MONTHS 5 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad man
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) July 27, 1935
22. I HEREBY CERTIFY, That I attended deceased from July 25, 1935 to July 26, 1935
I last saw him alive on July 25, 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 _____
Chr. Inst. Nephritis
Other contributory causes of importance _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill
13. NAME Cellner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

17. INFORMANT (ADDRESS) Son -
18. BURIAL, CREMATION, OR REMOVAL PLACE Harview DATE July 30, 1935
19. UNDERTAKER (ADDRESS) Loupled Mortuary 1507 Joplin Joplin Mo
20. FILED 9-29-35 Ed J. Jansen Registrar.

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? No
If so, specify _____
(Signed) J. A. Kenworthy, M. D.
(Address) Joplin Mo

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

REPORT NO. 1000

(1953)

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