

AUG 9 1935

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

Do not use this space.

24644

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Barnes Hosp**) St. Ward

File No.
Registered No. **6040**
St. Ward

2. FULL NAME

(a) Residence, No. **1530** **Joplin** St., **NR** Ward. **Joplin Mo.**
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July-15 1935**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lola White**

22. I HEREBY CERTIFY That I attended deceased from **6-30-1935**, to **7-15-1935**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 11-1882**

I last saw him alive on **7-15-1935** Death is said to have occurred on the date stated above, at **6:35** A.M.

7. AGE YEARS **53** MONTHS **3** DAYS **4** If LESS than 1 day, hrs. or min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Mine operator**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **operator**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Empyema, chronic (Pneumococcus)
110
Other contributory causes of importance: **Mediastinitis, Acute non-J.B. Pericarditis, fibrinous.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Joplin Mo.**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

FATHER 13. NAME **George White**

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

MOTHER 15. MAIDEN NAME **Aussie Wheeler**

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

17. INFORMANT (ADDRESS) **Lola White Joplin, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Joplin, Mo.** DATE **July 18 35**

19. UNDERTAKER (ADDRESS) **Albert N. Propp 429 N. Grand**

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

20. FILED **JUL 15 1935** 19 **J. H. Bredeck** Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify. (Signed) **J. E. Seltman**, M. D. (Address) **Barnes Hospital**

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

