

SEP 25 1935

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

Do not use this space.

26554

1. PLACE OF DEATH

County Jackson
Township Kear
City A. C. Mo. (No. 326 North Brighton)

Registration District No. 399Primary Registration District No. 1002File No. 3333Registered No. 3333

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Joplin, Mo. St. _____ Ward _____

(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

3. SEX Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. D. Findley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-11-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 10

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME Gold Smith14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.15. MAIDEN NAME Marie Kautz16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT W. D. Findley (ADDRESS) 1316 Pearl - Joplin, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin, Mo. DATE Aug. 2219. UNDERTAKER Mrs. C. L. Forster (ADDRESS) 918 Broadway, Joplin, Mo.20. FILED Aug. 21, 1935 Wm. M. Cline Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21-193522. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1935, to Aug 21, 1935I last saw him alive on Aug 20, 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Cerebral Hemorrhage 8/14/358221

Other contributory causes of importance:

Arterio Sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Paralysis Was there an autopsy? No

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) Dean S. Peary, M. D.(Address) 607 Argyle Bldg

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.

