

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.

NOV 23 1935

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

Do not use this space.

33084

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Joplin Primary Registration District No. 2092
City Joplin (No. 2409) Annex Carter St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2409 Annex Carter Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ben Daniels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 2 13

OCCUPATION
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) Jasper

MOTHER FATHER
13. NAME John Treece

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

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT J W Simpson
(ADDRESS)

18. BURIAL, CREMATION, OR REINTERMENT PLACE Castanville, Mo. DATE Oct 23 1935

19. UNDERTAKER Parthen Martuary
(ADDRESS)

20. FILED 80-21-35 Ed D Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1935

22. I HEREBY CERTIFY, That I attended deceased from August 3 1935 to Oct 14 1935
I last saw her alive on Oct 17 1935. Death is said to have occurred on the date stated above, at 2:00 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset Oct 4/1935

Other contributory causes of importance: Chronic Nephritis 1933

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? No
If so, specify _____
(Signed) J. B. Marlow M. D. C.
(Address) 802 1/2 Main - Joplin Mo.

