NOV 26 1935

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

Do not use this space.

File No. 33090

Registered No.

1. PLACE OF DEATH
County Jasper
Township
City Joplin (No. 1042 Ky St. Ward)
Registration District No. 411
Primary Registration District No. 2002

2. FULL NAME James Lee Pascoe
(a) Residence, No. 1042 Ky 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1935
7. AGE: YEARS 0 MONTHS 3 DAYS 7 If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Joplin Mo

FATHER
13. NAME A W Pascoe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Glyce Hoof
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Pascoe
(ADDRESS)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Fairview DATE Oct 28 1935

19. UNDERTAKER Pancher Mortuary
(ADDRESS)

20. FILED 10-28 1935 Ed D Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from seen after death, 1935, to 10-25, 1935
I last saw h~~im~~ ~~alive~~ dead on 10-25, 1935. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows: Date of onset

Prematurity

Other contributory causes of importance:
Ileo Colitis 2 Mo

1913

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?
If so, specify
(Signed) [signature], 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.