

DEC 11 1935

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

Do not use this space.

36412

1. PLACE OF DEATH

County JasperRegistration District No. 411Township JoplinPrimary Registration District No. R 002City Joplin (No. 217)Ward N. Joplin

File No.

Registered No.

St. Ward

2. FULL NAME

(a) Residence, No. 217 N. Joplin 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFColumbus J. Lanning

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

April 4, 1887

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8472

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)

North Carolina

MOTHER FATHER

13. NAME

Jasper Freeman

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

N. C.

15. MAIDEN NAME

Unknown

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

Mc

17. INFORMANT (ADDRESS)

Mrs Pearl Brown

18. BURIAL, CREMATION, OR REMOVAL

PLACE Church of God DATE Nov 8 1935

19. UNDERTAKER (ADDRESS)

Jasper Mortuary

20. FILED

12-9-35 Ed Djerms Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6th 193522. I HEREBY CERTIFY that I attended deceased from Oct. 29 1935 to Nov. 6 1935I last saw her alive on Nov 5 1935 Death is saidto have occurred on the date stated above, at 10:50 P.M.

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

Chr. parenchymatous hepatitis Date of onset 2 yrs?

Other contributory causes of importance:

Chr. myocarditisName of operation none Date of ✓What test confirmed diagnosis? physical signs 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) James A. O'Brien(Address) 614 1/2 main st - 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.

Ad. Br. 18