

MAR 20 1936

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

Do not use this space.

6433

## 1. PLACE OF DEATH

County JasperRegistration District No. 411

File No. ....

Township JasperPrimary Registration District No. 2002

Registered No. ....

City Joplin (No. Joplin)St. Fremont Hosp. Ward

## 2. FULL NAME

(a) Residence, No. 1049 Pennsylvania Ward.Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Price6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-1-18807. AGE YEARS 56 MONTHS 11 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 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) MichFATHER 13. NAME Perry Basmore14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MichMOTHER 15. MAIDEN NAME Basmore16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich17. INFORMANT (ADDRESS) Guy Price Springfield18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin DATE 4/15/3619. UNDERTAKER (ADDRESS) Undersawhills Co. Joplin, Mo.20. FILED 2-14-36 1936 Ed J. James Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 193622. I HEREBY CERTIFY, That I attended deceased from July 11 1936 to July 13 1936I last saw her alive on July 13 1936. Death is saidto have occurred on the date stated above, at 4:45 p.m.

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

Bronchopneumonia 7/9/36

Other contributory causes of importance:

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) W. S. Leonard, 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.

1944

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

26. [Illegible]

27. [Illegible]

28. [Illegible]

29. [Illegible]

30. [Illegible]

31. [Illegible]

32. [Illegible]

33. [Illegible]

34. [Illegible]

35. [Illegible]

36. [Illegible]

37. [Illegible]

38. [Illegible]

39. [Illegible]

40. [Illegible]

41. [Illegible]

42. [Illegible]

43. [Illegible]

44. [Illegible]

45. [Illegible]

46. [Illegible]

47. [Illegible]

48. [Illegible]

49. [Illegible]

50. [Illegible]