

APR 20 1936

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

Do not use this space.

11199

1. PLACE OF DEATH

County Jasper  
Township Joplin  
City Joplin (No. 57671)

Registration District No. 411  
Primary Registration District No. 2.002  
Ward Main

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 516 N. Main Ward.

(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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-22-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 2 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Illinois

13. NAME John Patterson

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

15. MAIDEN NAME Joe Broughton

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

17. INFORMANT W. Glenn Cox (ADDRESS) Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waco Cem DATE 3/20/36

19. UNDERTAKER Funeral Home Co (ADDRESS) Joplin, Mo.

20. FILED 3-23-36 Registrar Ed J. James

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18-36

22. I HEREBY CERTIFY, That I attended deceased from 3/15 to 3/15 1936  
I last saw him alive on 3/15 1936 Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:  
Ch. Myo cordial

Other contributory causes of importance:  
Ch bronchitis

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? NO Date of injury ..... 19.....  
Where did injury occur? NO (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 NO  
(Signed) W. Glenn Cox, 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.

