

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.

JUN 23 1936

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

Do not use this space.

19799

## 1. PLACE OF DEATH

County Jasper Registration District No. 411  
 Township Joplin Primary Registration District No. 22002  
 City Joplin (No. 2106) Empire St.      Ward     

## 2. FULL NAME

(a) Residence, No. 2105 Empire 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. D. Alexander  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23 1883  
 7. AGE YEARS 53 MONTHS 1 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION 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) Tenn  
 (STATE OR COUNTRY)

MOTHER FATHER 13. NAME Daniel Bernoy

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

15. MAIDEN NAME Mary Molly Gate

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

17. INFORMANT Family  
 (ADDRESS) 2105 Empire, Joplin

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Joplin DATE 5-14-36

19. UNDERTAKER Funeral Home Co.  
 (ADDRESS) Joplin

20. FILED 5014, 19 36 Ed. D. James  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-6-36 to 5-13-36

Last saw him alive on 5-12-36, 19 36 Death is said

to have occurred on the date stated above, at 12 p.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Bowels Date of onset

Other contributory causes of importance:  
primary site - Rectum

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) R. B. Tyler, M. D.

(Address) Joplin, Mo.

