

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.

Chapman

JUL 22 1936

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

Do not use this space.

23291

1. PLACE OF DEATH

County *Jackson* Registration District No. *411* File No. _____
Township *Joplin* Primary Registration District No. *2002* Registered No. _____
City *Joplin* (St. *Joplin* - R 3 St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. *R R # 3* 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF *Bella Reed*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 19 1874*

7. AGE YEARS MONTHS DAYS *61 9 22* LESS than 1 yr. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

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) *Callias, Mo.*

13. NAME *Tom Reed*

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

15. MAIDEN NAME *Mary Luttrape*

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

17. INFORMANT *Mrs James Reed*
(ADDRESS) *Joplin, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Deer Creek* DATE *6-11-36*

19. UNDERTAKER *Wm. J. ...*
(ADDRESS) *Joplin, Mo.*

20. FILED *6713* 19.36 *Ed James*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 10, 1936*

22. I HEREBY CERTIFY That I attended deceased from *June 1, 1936* to *June 10, 1936*

First saw him alive on *June 7, 1936* Death is said

to have occurred on the date stated above, at *11:45 a.m.*

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

Generalized tuberculosis Date of onset _____

Other contributory causes of importance:

Carcinoma of Prostate

Name of operation *none* Date of _____

What test confirmed diagnosis? _____ 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) *W. J. Chapman*, M. D.

(Address) *Joplin, Missouri*

