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.

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

Do not use this space.

31341

SEP 24 1936

1. PLACE OF DEATH

County: Jasper — Registration District No.: 41 — File No.:

Township: Joplin — Primary Registration District No.: 2002 — Registered No.:

City: Joplin (No.: 7th + Roosevelt St.; Ward)

2. FULL NAME: Ong Waters

(a) Residence, No.: 7th + Roosevelt St.; Ward: (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F — 4. COLOR OR RACE: W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: James A. Waters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 12 1861

7. AGE — YEARS: 74 — MONTHS: 9 — DAYS: 22 — 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.: Retired

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): Ill

FATHER

13. NAME: Caswell

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

MOTHER

15. MAIDEN NAME: unknown

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

17. INFORMANT (ADDRESS): C. E. Waters, Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Forest Park — DATE: 8-6, 1936

19. UNDERTAKER (ADDRESS): Anderson & Lee, Joplin, Mo.

20. FILED: 8-4, 1936 — C. P. James, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to Aug. 4, 1936

I last saw him alive on Aug. 3, 1936. Death is said to have occurred on the date stated above, at 1 p.m.

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

	Date of onset
Acute apoplexy	
1921	

Other contributory causes of importance:

Hypertension and Arteriosclerosis

Name of operation: None — Date of:

What test confirmed diagnosis? Physician — 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. B. Hartman, M. D.

(Address): Joplin, Missouri