

740

SEP 24 1936

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

Do not use this space.

31361

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Long Point Primary Registration District No. 2002
City Long Point, Mo St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Long Elm, Road 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) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23 1934

7. AGE YEARS 2 MONTHS 4 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Joplin, Mo.

13. NAME Wm Gates

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

15. MAIDEN NAME Netha Spawey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Dakota

17. INFORMANT Wm Gates
(ADDRESS) Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue DATE 8-19-36

19. UNDERTAKER (ADDRESS) Bellevue Hospital

20. FILED 8-12-36 19 36 Ed Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1936, to August 11, 1936
I last saw her alive on Aug 10, 1936. Death is said to have occurred on the date stated above, at _____ m.

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

collecolitis
1203
Date of onset _____
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) V. E. Bennett M. D.
(Address) 311 2nd Street Bank

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.

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