

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

Do not use this space.

45211

JAN 20 1937

1. PLACE OF DEATH

County Jasper Registration District No. 411

Township Joplin Primary Registration District No. 2002

City Joplin (No. E. 20th Street St. _____ Ward _____)

File No. _____

Registered No. _____

2. FULL NAME

(a) Residence, No. 4 mi. E. 20th St. Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Chas H Fry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19, 1878

7. AGE YEARS 58 MONTHS - DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Fall River Kansas

FATHER 13. NAME John Webster

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

MOTHER 15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Jasper

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 12-26-36

19. UNDERTAKER (ADDRESS) Wurth and Co

20. FILED 72-26, 19 36 W. J. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 36

22. I HEREBY CERTIFY that I attended deceased from April 13 - 36, to Dec 27, 1936

I last saw her alive on 12-24, 1936 Death is said to have occurred on the date stated above, at 8-30 PM

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

Chronic Valvular heart
bronchial pneumonia
Other contributory causes of importance: 1936

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) J. E. Jones, M.D.
(Address) 708 Third St., 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.

