

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Return

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

Do not use this space.

JAN 20 1937

49495

1. PLACE OF DEATH

County JASPER Registration District No. 411 File No. 49495
 Township GALENA Primary Registration District No. 2002 Registered No. _____
 City JOPLIN (No. St. Johns Hospital St. _____ Ward)

2. FULL NAME INFANT SON OF MR + MRS CARL CHILDRESS

(a) Residence, No. MAYFLOWER APTS. Ward. _____ (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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) INFANT

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-7-1936

7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, _____ hrs. _____ mins.

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 CARL CHILDRESS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GALENA KANS

15. MAIDEN NAME JANICE KINMOUTH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JOPLIN, MO

17. INFORMANT CARL CHILDRESS
(ADDRESS) JOPLIN, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE ST HOPE CEM. DATE 12-8-1936

19. UNDERTAKER FRANK-SIEVERS CO.
(ADDRESS) JOPLIN, MO

20. FILED 12-7-1936 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-7-1936 to 12-7-1936

I last saw him Dec 7, 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: _____ Date of onset _____

Congenital respiratory paralysis (under treated)

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) Ed D James, M. D.

(Address) Joplin Mo

