

FEB 17 1937

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

Do not use this space.

1851

1. PLACE OF DEATH

County Osage

Township Joplin

City Joplin

Registration District No. 411

Registrar Registration District No. 2002

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 310 Connor Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OF RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jul 16, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77-6-

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

13. FATHER Anderson Turner

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

15. MOTHER Julia Perrett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT Reiley Holman

(ADDRESS) Joplin Mo,

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Hope DATE 1/8 37

19. UNDERTAKER Fuller & Co

(ADDRESS) Joplin Mo

20. FILED 1-18 1937 W D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16-37

22. I HEREBY CERTIFY, That I attended deceased from 1-12 1937, to 1-16 1937

I last saw him alive on 1-16 1937. 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:

Arteriosclerosis
Central hemiplegia
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) W. D. James _____ M. D.

(Address) Joplin Mo

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.

1. 20314

