

MAR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. 6790  
Township Joplin Mo Primary Registration District No. 2002 Registered No. 1  
City Joplin Mo (No. Freeman Hospital St. 1 Ward)

2. FULL NAME

James Bae  
(a) Residence, No. R. 3 Joplin Mo St. 1 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Bae</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 18 - 1874</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>11</u>
	DAYS <u>17</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stonemason</u>	
	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) <u>December 1936</u>	11. Total time (years) spent in this occupation <u>all his life</u>

12. BIRTHPLACE (CITY OR TOWN) Evans Springs, Ark  
(STATE OR COUNTRY) Cannon County

13. NAME George Bae

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

15. MAIDEN NAME Jania Reasoner

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

17. INFORMANT Mrs Mary Bae  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Galena - Theocrat DATE Feb 7 - 1937

19. UNDERTAKER Class Undertaking Co  
(ADDRESS) Galena, Mo

20. FILED 2-8-37 J. B. James  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5<sup>th</sup> 19 37

22. I HEREBY CERTIFY, That I attended deceased from 1/11 1937 to 2/5/37 1937  
I last saw him alive on 2/4/37 1937 Death is said to have occurred on the date stated above, at Joplin  
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 2/4/37  
Chronic Myocarditis  
Sepsis

Name of operation none Date of       
What test confirmed diagnosis?      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) J. B. James, M. D.  
(Address) 616 West of Old  
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.

