

MAR 20 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

6794

1. PLACE OF DEATH

County Jasper  
Township Joplin  
City Joplin (No. 1809 Bird)

Registration District No. 44.07  
Primary Registration District No. 1809 Bird

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. 1809 Bird St. \_\_\_\_\_ Ward. \_\_\_\_\_

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE W  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph T.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3, 1872

7. AGE YEARS 64 MONTHS 4 DAYS 2  
If LESS than 1 day, hrs. or min.

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

13. NAME B. D. Miller

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

15. NAME OF MOTHER Editha P. Boggs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo

17. INFORMANT Chas Miller  
(ADDRESS) Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL DATE 2-6-37  
19. UNDERTAKER (ADDRESS) Funeral Home Co. Joplin Mo  
20. FILED 2-6-37 Ed D. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 - 1937

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1936, to Feb 5, 1937  
I last saw her alive on Feb 7, 1937. Death is said to have occurred on the date stated above, at 8 a.m.

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

Date of onset 2/4/37

Other contributory causes of importance:  
Hypertension  
arteriosclerosis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? B.P. 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) Sam Grantham Jr, M. D.  
(Address) 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.

Grantham

3  
2  
2  
2

