

MAR 20 1937

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

Do not use this space.

6824

1. PLACE OF DEATH

County Jasper

Registration District No. 411

File No. ....

Township Joplin

Primary Registration District No. 2002

Registered No. ....

City Joplin

No. 1624 Jackson

St. .... Ward)

2. FULL NAME

(a) Residence, No. 1624 Jackson Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4, 1919.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min. 18 1 15

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

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

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 ROY E. Hoover

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

15. MAIDEN NAME Ida Adams

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

17. INFORMANT (ADDRESS) ROY E. Hoover

18. BURIAL, CREMATION, OR REMOVAL

Buried DATE 2-22-37

19. UNDERTAKER (ADDRESS) Buried by Co Joplin MO

20. FILED 2-20-1937 Ed E. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19-37

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15-1937 to Feb. 19-1937

I last saw him alive on Feb. 19-1937 at 8-10 PM.

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

Little disease  
Pneumonia

Other contributory causes of importance: 1070

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) Dr. E. T. Keygaudt 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.



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

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**1. PLACE OF DEATH**

County Gaspey

Registration District No. 411

File No. 6824

Township Jasper

Primary Registration District No. 2002

Registered No. \_\_\_\_\_

City Jasper (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Forest Wayne Hoover

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.

(Usual place of abode)

(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**

M

**4. COLOR OR RACE**

W

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)**

S

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

**7. AGE**

18

**MONTHS**

1

**DAYS**

15

If LESS than 1 day, \_\_\_\_\_ hrs or \_\_\_\_\_ min.

**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)**

**13. NAME**

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

**15. MAIDEN NAME**

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

**17. INFORMANT (ADDRESS)**

**18. BURIAL, CREMATION, OR REMOVAL**

**PLACE**

**DATE**

19

**19. UNDERTAKER (ADDRESS)**

**20. FILED**

2-20-37

Ed D. James  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

2-19-37

**22. I HEREBY CERTIFY, That I attended deceased from**

\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw him alive on \_\_\_\_\_ 19\_\_\_\_. 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

Pneumonia  
Broncho

**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) Dr. E. W. Weygandt, M. D.

(Address) Jasper, 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.

SUPPLEMENT

1076

5-6824