

APR 20 1937

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

File No. 12242
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Galena Primary Registration District No. 2002
City Joplin (No. 912 Conner)

2. FULL NAME

(a) Residence, No. 912 Conner St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 5, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 2 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Marshall County
Missouri

13. NAME Ernest Stettinisch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sturmenburg
Germany

15. MAIDEN NAME Julia Messall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chernik, Posen
Germany

17. INFORMANT Ernest Stettinisch
(ADDRESS) 912 Conner, Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawnview Cem. DATE Mar. 20, 1937

19. UNDERTAKER Trapher Mortuary
(ADDRESS) 1522 Joplin Ave., Joplin, Mo.

20. FILED 3-19-37 Ed J. Joplin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-19-37, 1937, to 3-17-37, 1937.
I last saw her alive on 3-17-37, 1937. Death is said to have occurred on the date stated above, at 9:15 A.M.
The principal cause of death and related causes of importance were as follows:
Endocarditis acute Date of onset _____

Other contributory causes of importance:
Suppura of Lobar Pneumonia
Chronic arthritis

Name of operation _____ 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?
If so, specify Ed J. Joplin, M. D.
(Signed) _____
(Address) Joplin, Mo.

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

MARGIN RESERVED FOR BINDING

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.

Do not use this space.

12242

