

MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Jasper*
Township *Joplin*
City *Joplin* (No. *37*)

Registration District No. *411*File No. *16678*Primary Registration District No. *2002*Registered No. *St. Johns Hospital* Ward

2. FULL NAME

(a) Residence, No. *Dartmouth* St. *1* Ward. *1*

(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)

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

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

March 11, 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*46**1**18*

OCCUPATION

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

laborer

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

fuel drager

10. Date deceased last engaged at this occupation (month and year)

March 1937

11. Total time (years) spent in this occupation

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

Missouri

MOTHER

13. NAME

Wm Young

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

*No record*15. MAIDEN NAME *Alice*

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

No record

17. INFORMANT

(ADDRESS)

Mr Emma Young

18. BURIAL, CREMATION, OR OTHER DISPOSAL

PLACE

*West City, Mo*DATE *5-1-37*

19. UNDERTAKER

(ADDRESS)

Reynolds Mort Co

20. FILED

*5-11-37*19. *37**Ed James*

Registrar

MEDICAL CERTIFICATE OF DEATH

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

4-29-1937

22. I HEREBY CERTIFY, That I attended deceased from

4-30-37 19*37* to *4-30-37* 19*37*I last saw him *April 30-1937* Death is saidto have occurred on the date stated above, at *6:45 PM 4/29/37*

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

*Gun shot wound**right leg**embolism of**carotid artery*

Other contributory causes of importance:

*Coronary embolism*Name of operation *113* Date of *113*What test confirmed diagnosis? *113* Was there an autopsy *yes*

23. If death was due to external causes (violence), fill in also the following:

accident, suicide, or homicide *gun shot* Date of injury *4/29/37*Where did injury occur? *Joplin, Mo*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

*on street*Manner of injury *gun shot*Nature of injury *gun shot*24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *A. J. Winchester* Coroner(Address) *Joplin, Mo*

