

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.

JUL 29 1937

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

Do not use this space.

File No. 23981
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
County Gasper
Township _____
City Joplin (No. 708)

Registration District No. 411
Primary Registration District No. 20023
City Jackson (No. 708)

2. FULL NAME
(a) Residence, No. _____
(Usual place of abode) 708 1/2 Jackson Ward _____
Length of residence in city or town where death occurred 5 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7-37

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

22. I HEREBY CERTIFY, That I attended deceased from May 19 1937, to May 31 1937
I last saw him alive on May 31 1937 Death is said to have occurred on the date stated above, at 10-AM
The principal cause of death and related causes of importance were as follows:
Valvular Date of onset 5-29-37

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul 17, 1857
7. AGE YEARS 79 MONTHS 10 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. contractor
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Hypertension & nephritis chronic
cerebral hemorrhages
Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? No

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

MOTHER FATHER
13. NAME Thomas Cline

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

15. MAIDEN NAME Margaret Reed

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

17. INFORMANT (ADDRESS) Annie Cline

18. BURIAL CREMATION OR REMOVAL PLACE Joplin Mo DATE 6-9-37

19. UNDERTAKER (ADDRESS) Joplin Mo

20. FILED 6-8-37 Registrar.

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) O. T. Blaske M. D.
(Address) 725 Prairie Bldg., Joplin Mo.

