

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

Do not use this space.

AUG 24 1937

27506

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
Township Cathey Primary Registration District No. 2002 Registered No. _____
City Joplin (No. 708, PEARL) St. _____ Ward _____

2. FULL NAME MANEVA GRISHAM

(a) Residence, No. 708 PEARL St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 1869
7. AGE YEARS 68 MONTHS 1 DAYS 6
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) Dade County Missouri

13. NAME John Wesley

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

15. MAIDEN NAME America Lyons

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

17. INFORMANT Mrs G. W. Beeher (ADDRESS) 708 PEARL

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST PARK CEMETERY DATE 7/28 37

19. UNDERTAKER Hurlybut Und. Co (ADDRESS) 212 Joplin

20. FILED 7-27-37 1937 Ed J. Janner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937

22. I HEREBY CERTIFY That I attended deceased from 7-25-37 to 7-25-37

I last saw her alive on July 25, 1937 Death is said to have occurred on the date stated above, at 8:00 a.m. 7/25/37

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

Pulmonary Hemorrhage
Tuberculosis

Other contributory causes of importance: g2

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? View

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 Lf

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. H. Winchester Coroner, 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.

