AUG 31 1937

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

Do not use this space.

28525

1. PLACE OF DEATH
County Stoddard 2 1 Registration District No. 836 File No. 33
Township Liberty Primary Registration District No. 5098a Registered No. 33
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Joshua Artis.
(a) Residence No. Berne Mo St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE Collad
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED (*write the word*) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE YEARS 31 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

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

FATHER
13. NAME John Artis.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✗

MOTHER
15. MAIDEN NAME ✗
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

17. INFORMANT (ADDRESS) George Forest.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Putnam DATE July 29 1937

19. UNDERTAKER (ADDRESS)

20. FILED 7/29 1937 Florence Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1937

22. I HEREBY CERTIFY That I attended deceased from July 15 1937, to July 28, 1937
I last saw him alive on July 24, 1937. Death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis — Date of onset January 37
53
Other contributory causes of importance:

Name of operation none Date of ✓
What test confirmed diagnosis? Ry Was there an autopsy? No

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? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Graydon Carlton M.D.
(Address) Malden

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.