SEP 29 1934

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

Do not use this space.

File No. 30939

Registered No.

1. PLACE OF DEATH

County Jasper — Registration District No. 411

Township Golena — Primary Registration District No. 2002

City Joplin, Mo. (No. 1911 Jackson St. Ward)

2. FULL NAME Eugene Scott Wilmer

(a) Residence, No. 1911 Jackson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb-25-1867

7. AGE: YEARS 70 — MONTHS 5 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Druggist
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): Glenfersville, Ohio

FATHER

13. NAME: D. O. Witmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

MOTHER

15. MAIDEN NAME: Christy Heer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs Bell Witmer, 1911 Jackson ave, Joplin, Mo

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Mt. Hope Cem DATE Aug 6 1937

19. UNDERTAKER (ADDRESS): Frank Sievers Mortuary, Joplin, Mo.

20. FILED 8-5 1937 E. D. James, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937, to August 4, 1937
I last saw h.m.m. alive on Aug 3, 1937. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

Lymphosarcoma of cervical glands (cervical) — Date of onset: about 9 mo

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Other contributory causes of importance: Metastasis to organs of chest & abdomen — 6 mo

Name of operation: Biopsy (only) Date of May 1937

What test confirmed diagnosis? Laboratory 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? No
If so, specify

(Signed) Robt. L. Neff, 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.