

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Jasper
City Joplin (No. Freeman Hospital)

Registration District No. 411
Primary Registration District No. 2002

File No. 34518

Registered No. _____
St. _____ Ward _____

2. FULL NAME

Hazel Frances Page
(a) Residence No. 1713 Pearl St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Francis Page

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 - 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 23 5 2

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

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) Hazletton Indiana

13. NAME Carrol C. Bateman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Bernice Cunningham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Mr. Francis Page (ADDRESS) 1713 Pearl St - Joplin

18. BURIAL, CREMATION, OR REMOVAL PLACE Vincennes Ind DATE 9-27-1937

19. UNDERTAKER Lausher Mortuary (ADDRESS) 1502 Joplin St - Joplin

20. FILED 9-27-1937 Ed E. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw her alive on Sept. 26, 1937 Death is said to have occurred on the date stated above, at 9:26 PM 9/26/37

The principal cause of death and related causes of importance were as follows: Gun shot in head Date of onset _____

Other contributory causes of importance: 184

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? negative

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 9/26/1937

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.

In home - 1713 Pearl

Manner of injury gun shot in head

Nature of injury gun shot - 22 Cal. Winchester Rifle

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) A. A. Winchester Cananer, M. D.

(Address) Joplin Mo

