

Do not use this space.

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

NOV 18 1937

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1. PLACE OF DEATH

County Jasper Registration District No. 411  
Township Salena Primary Registration District No. 2002  
City Joplin (No. Freeman Hospital St.          Ward         )

File No. 37912

2. FULL NAME

(a) Residence, No. 1726 Penn St.          Ward           
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-1-37  
7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, ..... hrs. or ..... min.

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.           
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) Joplin Mo.

13. NAME Unknown

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

15. MAIDEN NAME Mabel Erwin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar Mo.

17. INFORMANT (ADDRESS) Mother

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 10-2-37

19. UNDERTAKER (ADDRESS) Lanphen Mortuary

20. FILED 10-2-37 1937 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-1-37 to 10-1-37, 1937.  
I last saw him alive on 10-1-37. Death is said to have occurred on the date stated above, at 2 P.

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

Not known still birth

Other contributory causes of importance: Mother had Eclampsia

Name of operation          Date of           
What test confirmed diagnosis?          Was there an autopsy?         

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?           
If so, specify           
(Signed) J. Howland, 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.

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