

NOV 18 1937

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

Do not use this space.

37916

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
Township Waverly Primary Registration District No. 2007 Registered No. _____
City Joplin Mo (No. Freeman Hospital St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Bolivar Mo - St. _____ Ward. Bolivar Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1917 June 5-</u>		
7. AGE YEARS <u>20</u>	MONTHS <u>4</u>	DAYS <u>1</u>
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Shop -</u>		
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. <u>all life</u>
12. BIRTHPLACE (CITY OR TOWN)..... <u>Bolivar - Mo</u> (STATE OR COUNTRY)		
13. NAME <u>John L. Erwin</u>		
14. BIRTHPLACE (CITY OR TOWN)..... <u>Brighton</u> (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Sarah G. Reeves</u>		
16. BIRTHPLACE (CITY OR TOWN)..... <u>Don't know</u> (STATE OR COUNTRY) <u>Georgia</u>		
17. INFORMANT <u>John L. Erwin</u> (ADDRESS) <u>#4 Bolivar, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deary's Free</u> DATE <u>10-7-37</u>		
19. UNDERTAKER <u>White-Carrington Funeral Home</u> (ADDRESS) <u>Bolivar Mo</u>		
20. FILED <u>10-6-37</u> <u>21</u> <u>James</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6-1937

22. I HEREBY CERTIFY That I attended deceased from Sept 25 1937 to Oct 6 1937
I last saw her alive on Oct 6 1937. Death is said to have occurred on the date stated above, at 12:05 p.m.
The principal cause of death and related causes of importance were as follows:
Nephritis not known
Other contributory causes of importance: Ho
Eclampsia - preperal

Name of operation _____ Date of _____
What test confirmed diagnosis the lab 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 W. Loveland M. D.
(Signed) Joseph Dana
(Address) _____

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.

