

DEC 20 1937

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

Do not use this space.

41572

## 1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
Township Joplin Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
City Joplin (No. 510 Main) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 810 Main St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
54 90 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber

10. Date deceased last worked at this occupation (month and year) Supp Co 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo

13. NAME Jesse A Farris

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

15. MAIDEN NAME Abnera Coder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Gertrude Farris  
(ADDRESS) Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Joplin Mo DATE 11-6-1937

19. UNDERTAKER (ADDRESS) Furbush and Co

20. FILED 11-5-1937 E. D. Jones  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4-37

22. I HEREBY CERTIFY, That I attended deceased from 11-4-37 to 11-4-37

I last saw him alive on Nov. 4, 1937 Death is said to have occurred on the date stated above, at 10 a.m. 11/4/37

The principal cause of death and related causes of importance were as follows:  
Heart Attack Date of onset \_\_\_\_\_

Other contributory causes of importance: AS

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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.

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

If so, specify \_\_\_\_\_

(Signed) A. J. Winchester Corahan 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.

