

DEC 20 1937

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

Do not use this space.

41586

## 41. PLACE OF DEATH

County JasperRegistration District No. 411File No. 1Township JasperPrimary Registration District No. 3002Registered No. 1City Jasper(No. 1)St. St. Johns Hospital (Ward)

## 2. FULL NAME

(a) Residence, No. 1021 W 4thSt. 4th

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

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 12 - 1917

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

002

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.

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)

Jasper Mo

MOTHER

13. NAME

Fero Thomas

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

St. Louis Mo

15. MAIDEN NAME

Jorene May King

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

Jasper Mo

17. INFORMANT (ADDRESS)

Fero Thomas Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE 02 Oak MemorialDATE 11/15

1937

19. UNDERTAKER (ADDRESS)

W. J. Gilbert and Co Jasper Mo

20. FILED

11-15-37

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

Nov 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 12, 1937, to Nov. 14, 1937I last saw him alive on Nov. 13, 1937 Death is saidto have occurred on the date stated above, at 12:30 a.m.

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

Respiratory Failure  
Pneumonia (8 mo)  
Relieved by Carcass  
Section

Date of onset

Other contributory causes of importance:

Asphyxiation of mother

Name of operation

Date of

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) J. A. Chenoweth, M. D.(Address) Jasper Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

1-22

J. A. Chenoweth

