

DEC 20 1937

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

Do not use this space.

41599

1. PLACE OF DEATH

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

2. FULL NAME

(a) Residence, No. 308 N. Gladys - Picher, Okla. Ward. Picher, Okla.
(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 11-19, 1937, to 11-20, 1937

I last saw her alive on 11-20, 1937. Death is said

to have occurred on the date stated above, at a. m. 10:20

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 23 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 28

Date of onset

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

Intestinal Intoxication
(In hospital 5 hours)

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Picher, Okla

13. NAME Wiley W. Stacy

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

15. MAIDEN NAME Grace Mattinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nash - Salem Mo

17. INFORMANT Wiley Stacy

18. BURIAL, CREMATION, OR REMOVAL

PLACE Miami, Okla DATE 11-22, 1937

19. UNDERTAKER Dennis Funeral Home

20. FILED 11-29, 1937 Ed D Jones Registrar

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) [Signature], M. D.

(Address) Joplin, Mo.

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

