

JAN 19 1938

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

45703
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township Joplin Primary Registration District No. 2902
 (c) City Joplin (d) Street No. 271 W. 6th Registered No. 104
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Jennie O West
 (a) Residence, No. 271 W. 6th St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE W. S. C.
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. O. West
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1857
 7. AGE YEARS 80 MONTHS 5 DAYS 16 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. home duties
 9. Industry or business in which work was done, as 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 Perry Adams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 15. MAIDEN NAME Kelty Wery
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT Chas Adams (ADDRESS) Joplin Mo
 18. BURIAL CREMATION, OR REMOVAL Forest Park DATE 12-31-37
 19. FUNERAL DIRECTOR (ADDRESS) Joplin Mo
 20. FILED 12-31-37 1937 E. J. James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1937
 22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____
 I last saw him alive on Dec 30 1937 Death is said to have occurred on the date stated above, at 8:00 P. M. 12/29/37
 The principal cause of death and related causes of importance were as follows:
Heart Beach Date of onset _____
 Other contributory causes of importance: 952
 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. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R. H. Winchester Colonel M. D.
 (Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Perry K. Wheelbert, Licensed Embalmer No. 959
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Steve D. Parker

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Steve Parker
Licensed Embalmer No. 2548

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)