

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

3084  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Joplin Registration District No. 411  
 (b) Township Joplin Primary Registration District No. 200  
 (c) City Joplin (d) Street No. 418 Mc Kinley Registered No. \_\_\_\_\_  
 (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. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 2. PRINT FULL NAME Mable Edith Weston  
 (a) Residence, No. 418 Mc Kinley St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 - 1892  
 7. AGE YEARS 45 MONTHS 19 DAYS 24 If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house  
 9. Industry or business in which work was done, as saw mill, bank, etc. dishes  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 - 1938  
 22. I HEREBY CERTIFY That I attended deceased from 12-29 to 1-15  
 I last saw her alive on 1-10, 1938 Death is said to have occurred on the date stated above, at 5:30 PM  
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis  
auricular fibrillation  
cerebral embolism  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 942

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas  
 13. NAME No record  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record  
 15. MAIDEN NAME No record  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

17. INFORMANT (ADDRESS) Mable Weston  
 18. BURIAL PLACE (ADDRESS) West Hill  
 19. FUNERAL DIRECTOR (ADDRESS) Joplin Mo.  
 20. FILED 1538 Ed D James Local Registrar.

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) W. H. Ramsey, M. D.  
 (Address) Joplin, Mo.

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.

Linnell

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

L. E. ....

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

Signed .....

Licensed Embalmer No. 987

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.)