

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

Do not use this space.

1. PLACE OF DEATH

County Jasper  
Township Joplin  
City Joplin (No. 3029)

Registration District No. 411  
Primary Registration District No. 1587

File No. 3096  
Registered No. 500

2. FULL NAME

(a) Residence, No. 3029 Joplin Ward.

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 1876  
7. AGE YEARS 61 MONTHS 11 DAYS 2  
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant  
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) Arrow Rock Mo

13. NAME John Scholes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

15. MAIDEN NAME Sarah Coimer

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

17. INFORMANT Mrs Hazel B. Scher  
(ADDRESS) Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Not known DATE Jan 24 1938

19. UNDERTAKER (ADDRESS) W. H. Scher

20. FILED 24 1938 Ed J. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1938

I HEREBY CERTIFY That I attended deceased from Jan 12 1938 to Jan 22 1938  
I last saw him alive on Jan 22 1938. Death is said to have occurred on the date stated above, at 12:05 P.M.  
The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis  
Date of onset

Other contributory causes of importance:

Name of operation 131 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
A - 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?  
If so, specify

(Signed) J. Gilbert Kenonewick 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.

J. G. Kenonewick

RECEIVED

FEB 25 1938

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