

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

3131
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Galena Primary Registration District No. 2007 Registered No. _____
 (c) City Joplin (d) Street No. St. John's Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME HIRAM W. METCALF 324

(a) Residence, No. 1334 OHIO St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-38

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

22. I HEREBY CERTIFY, That I attended deceased from 11-12-37 to 1-20-38, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1880

I last saw him alive on 1/20/38, 1938 Death is said to have occurred on the date stated above, at 10:00 A.M.

7. AGE YEARS 57 MONTHS 8 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABORER
 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 _____

Staphylo and strepto-cocci septicemia
185
 Other contributory causes of importance: infected leg - 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

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

13. NAME LYISH METCALF

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

15. MAIDEN NAME SARAH WILLIAMS

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

17. INFORMANT (ADDRESS) SUSIE CASH METCALF
1334 OHIO

18. BURIAL, CREMATION, OR REMOVAL PLACE UNION CEM. DATE 1/23/38
STELLA, MO.

19. FUNERAL DIRECTOR (ADDRESS) FRANK-SIEVERS

20. FILED 1-21-38 JOPLIN, MO. Local Registrar.

23. If death was due to external causes (violence), fill in also the following:
 Accident, ~~suicide~~, or ~~homicide~~? accident Date of injury 11-12-37
 Where did injury occur? near Joplin Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. public place (cutting wood)
 Manner of injury cut knee with ax
 Nature of injury swish wound left knee
 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.

575

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Don Tetrick, Licensed Embalmer No. 4008

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Don Tetrick

Licensed Embalmer No. 4008

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