REC'D APR 20 1938

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

11089
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper 2 1 Registration District No. 411
(b) Township Primary Registration District No. 2002 Registered No.
(c) City Joplin (d) Street No. 1817 Sargent 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 Mrs. Bertie Hazel Warden 635
(a) Residence, No. 1817 Sergeant St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
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 J. H. Warden
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9, 1895
7. AGE YEARS 42 MONTHS 3 DAYS 5 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house-wife
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) Newton Co. Mo.

FATHER
13. NAME Price Kirk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Mary Peck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Carolina

17. INFORMANT (ADDRESS) J. H. Warden Joplin Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ozark Mem Pk 3-17 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Northstead Co Joplin Mo
20. FILED 3-16 1938 Ed D Jones Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14- 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw her alive on March 14 1908 Death is said to have occurred on the date stated above, at 4 P.M. 3/14/38
The principal cause of death and related causes of importance were as follows:
Suicide by drowning — bath tub 166
Date of onset
Other contributory causes of importance:
Mental depression
Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? Investigation
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 3/14 1938
Where did injury occur? Joplin Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
home
Manner of injury Suicide
Nature of injury By drowning
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. A. Winchester, Coroner, M. D.
(Address) Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

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

Signed Steve Parker

Licensed Embalmer No. 2548

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**