

DEC'D APR 20 1938

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

11101  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 411  
 (b) Township Jasper Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Joplin (d) Street No. 106 1/2 N. Main 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**

(a) Residence, No. 106 1/2 N. Main 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**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. Unknown 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 7 week

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Labourer  
 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) Port Scott Missouri

FATHER 13. NAME Thomas Mad Dermott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru Ind.

MOTHER 15. MAIDEN NAME Clara Herring

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

17. INFORMANT (ADDRESS) Joe Mad Dermott  
Anderson, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Centerville Ce. DATE 3/22/38

19. FUNERAL DIRECTOR (ADDRESS) North City Und. Co.  
North City, Mo

20. FILED 3-22-38 Ed J. Jones  
 Local Registrar. 972 (Address) Joplin, Mo

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Jann 21, 1938, to March 21, 1938  
 I last saw him alive on March 21, 1938 Death is said to have occurred on the date stated above, at 2:45 p. m.  
 The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation Date of onset 1937  
with loss of Compensation

Other contributory causes of importance: 972

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

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?  
 If so, specify \_\_\_\_\_

(Signed) W. L. Wilbur, M. D.

(Address) Joplin, Mo

STATEMENT BY LICENSED EMBALMER

I, Clayton M. Johnston Licensed Embalmer No. 3,922

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. ~~3,922~~

working under my personal supervision.

Signed Clayton M. Johnston  
Licensed Embalmer No. 3,922

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.)