

REC'D APR 20 1938

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

11110

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Joplin Primary Registration District No. 2097 Registered No. _____
(c) City Joplin (d) Street No. St. John 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

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

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) Infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1938 to 3-28, 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1938I last saw him alive on stillborn, 1938 Death is said to have occurred on the date stated above, at 8 P.M.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Stillborn 0 0 0

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. Infant
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 _____

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin 0
Missouri 0

Other contributory causes of importance:

13. NAME L. A. Riley 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

Name of operation _____ Date of _____

15. MAIDEN NAME Inez Holmes

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following:

17. INFORMANT (ADDRESS) Frank L. A. Riley
Webb City

Accident, suicide, or homicide? _____ Date of injury _____, 19____

18. BURIAL, CREMATION, OR REMOVAL PLACE Orange Grove Cemetery March 29, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

19. FUNERAL DIRECTOR (ADDRESS) Wedge Nelson
Webb City, Mo.

Manner of injury _____

Nature of injury _____

20. FILED 3-20-38 E. D. Jones Local Registrar: 372

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Roy S. Meredith, M. D.(Address) Joplin, Mo.

STATEMENT BY LICENSED EMBALMER

I, Edw. Hedge, Licensed Embalmer No. 2859
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edw. Hedge

..... L. E.
No. 2859 or by Registered Apprentice No.
working under my personal supervision.

Signed Edw. Hedge
Licensed Embalmer No. 2859

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.)