

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

WV WE
25594
Do not use this space.

DEC AUG 11 1938

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township 1 Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. 1605 Ohio St.
(e) Length of residence in city or town where death occurred 24 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1605 Ohio St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city) 6570

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 James Byrne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1864

7. AGE YEARS 73 MONTHS 11 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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) Ohio, Illinois

13. NAME Malcolm

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) James Byrne - Son - 1605 Ohio

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem DATE 7-6-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Langher Mortuary - Joplin, Mo

20. FILED 7-7-1938 Ed J. Moore Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936 to July 3, 1938
I last saw her alive on July 2, 1938 Death is said to have occurred on the date stated above, at 4 p.m.

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

Generalized arteriosclerosis
Arterio-sclerotic heart disease
Auricular fibrillation
Date of onset _____

Other contributory causes of importance: 95%

Name of operation _____ Date of _____
What test confirmed diagnosis? VAGENS 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? no
If so, specify _____
(Signed) W. J. Finney, 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.

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, Allen
E. Lanpher, or by _____

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

Signed Allen E. Lanpher

Licensed Embalmer No. 3574

P. O. Address Joplin Mo.

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.)

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