

REC'D AUG 11 1938

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

25602
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Galena Primary Registration District No. 2002 Registered No. _____
(c) City Joplin, Mo (d) Street No. 718 Empire 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

Ethel May Whitehead 330
(a) Residence, No. 718 Empire 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert L. Whitehead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 11 12 18

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

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) Oswatomie Kansas

FATHER 13. NAME G. Marion Patten 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record 6

MOTHER 15. MAIDEN NAME Katherine Nichols

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT R. L. Whitehead
(ADDRESS) 718 Empire

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark Memorial DATE July 13 1938

19. FUNERAL DIRECTOR (NAME) Thornhill-Dillon
(ADDRESS) Joplin, Mo

20. FILED 7-12-38 D. J. Jarney
Local Registrar. 370

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1938

22. I HEREBY CERTIFY That I attended deceased from 6-9, 1938, to 7-11, 1938

I last saw her alive on 6-30, 1938 Death is said to have occurred on the date stated above, at 7:15 P m.

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

Aortic Insufficiency
with congestive heart failure
4-5 yrs

Other contributory causes of importance: 92 h

Name of operation..... Date of.....

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

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. A. Mack, M. D.

(Address) Friend Bldg Joplin

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,

David Dillon

or by

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

Signed.....

David Dillon

Licensed Embalmer No.....

3898

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.