

REC'D AUG 11 1938

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

25621

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township Joplin Primary Registration District No. 2002  
(c) City Joplin (d) Street No. St. Paul Hospital Registered No. \_\_\_\_\_ 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. 715 Finner St.  (If nonresident, give city or town and State) Joplin, Mo.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 year, hrs. or min.  
1 4 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Joplin Mo13. NAME Leroy Peterson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo15. MAIDEN NAME Florence Barrett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo17. INFORMANT (ADDRESS) Family 815 Finner18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Way DATE 7-27-3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. H. Heston20. FILED 724 38 21 J. J. James Local Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 - 1938

22. I HEREBY CERTIFY That I attended deceased from 7-23, 1938 to 7-24, 1938

I last saw him alive on 7-24, 1938 Death is said to have occurred on the date stated above, at 11:00 m.

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

Intestinal obstruction119 B.

Date of onset

7/22/38

Other contributory causes of importance:

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 \_\_\_\_\_, 1938

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) Wm. H. Heston M. D.(Address) Joplin, Mo.372

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 *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.**