

SEP 23 1938

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

29172

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township Joplin Primary Registration District No. 2003 Registered No. 352  
(c) City Joplin (d) Street No. Freeman Hospital St. Mo.  
(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. Charles W. Adams St. Ex. Club (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19-1876  
7. AGE YEARS 82 MONTHS 5 DAYS 1 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 38

I HEREBY CERTIFY, That I attended deceased from 8-16-38, 1938, to Aug 20, 1938.  
I last saw him alive on Aug 20, 1938. Death is said to have occurred on the date stated above, at 9:30 AM.  
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. Drill Contractor  
9. Industry or business in which work was done, as saw mill, bank, etc. Drill Contractor  
10. Date deceased last worked at this occupation (month and year) Open Monday  
11. Total time (years) spent in this occupation

Surgical Shock following suprapubic cystotomy  
121

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

Other contributory causes of importance: Benign Prostatic Hypertrophy  
Myocardial Weakness

13. NAME P. W. Adams

Name of operation Cystotomy Date of Aug 20  
What test confirmed diagnosis? operation Was there an autopsy? No

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

15. MAIDEN NAME Nattie King

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.

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

17. INFORMANT (ADDRESS) Laura Zellers  
Joplin MO

Manner of injury  
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL Interred DATE Aug 22 1938

24. Was disease or injury in any way related to occupation of deceased? No

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Funeral Home  
Joplin MO

(Signed) Paul W. Walker M. D.  
(Address) Prisco Bldg Joplin Mo.

20. FILED 8-22-38 Ed Local Registrar

RECEIVED

District Health Officer No. 6,

District File Number 6-38-177

Date Filed 9/20/38

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 \_\_\_\_\_

Licensed Embalmer No. 959

P. O. Address \_\_\_\_\_

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.