

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

1938 SEP 23 1938

29203
 Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Joplin Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. 1615 Wall 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. 1615 Wall 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Henry Wallis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1870
 7. AGE YEARS 68 MONTHS 2 DAYS 8 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) Providence R. I.

FATHER 13. NAME Thomas Adamson

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Scotland

MOTHER 15. MAIDEN NAME Annie Finn

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edinburg Scotland

17. INFORMANT (ADDRESS) Miss Lydia Wallis Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leslie Ark. DATE 8-18-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lanpher Mortuary Joplin Mo.

20. FILED 8-18-38 Local Registrar. 357 (Address) Joplin Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Joplin, Mo., on Aug 17, 1938, to Aug 17, 1938.
 I last saw her alive on Aug 15, 1938. Death is said to have occurred on the date stated above, at 1:50 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1936
Chronic Arthritis 1928
 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 _____, 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) H. C. Clarke, M. D.
Joplin Mo. (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 6,

District File Number 6-38-175

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, F. M.

Jones

....., or by

Registered Apprentice No., working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

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