

REC'D OCT 21 1938

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

32481
Do not use this space.

1. PLACE OF DEATH

(a) County Joplin Registration District No. 411
(b) Township Joplin Primary Registration District No. 3002
(c) City Joplin (d) Street No. 3101 Moppett St.
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Mrs. Mary T. Pond 530 St. 28 yrs in Joplin
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 23 - 1849

7. AGE YEARS 89 MONTHS 0 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. home duties
10. Date deceased last worked at this occupation (month and year) _____ (i. Total time (years) spent in this occupation)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jules Co Va

FATHER 13. NAME Augusta Sinslow

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

MOTHER 15. MAIDEN NAME Mary Webb

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

17. INFORMANT (ADDRESS) S. P. Pond 3101 Moppett

18. BURIAL, CREMATION, OR REMOVAL PLACE Harmon Cem DATE 9-26 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hughes and Co 212 Joplin mo.

20. FILED 9-24 1938 J. James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Sep 5 1937 to Sep 24 1938
last saw her alive on Sep 21 1938 Death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Chronic myocardial degeneration Date of onset 1930
Senility (age 89)

Other contributory causes of importance: fracture femur 1860 18 Sep 1937

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? Accident Date of injury Sept 7, 1937

Where did injury occur? Joplin, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury fell in home

Nature of injury fract. of femur

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

If so, specify _____

(Signed) Sam'l G. Smith M. D.

(Address) Joplin, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Wm. H. James

RECEIVED

District Health Officer No. 6,

District File Number 6-38-336

Date Filed 10/12/38

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

Steve D. Parker

Licensed Embalmer No.

25148

P. O. Address

Golden

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.