REC'D NOV 5 1938

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

Do not use this space.

37041

1. PLACE OF DEATH
County Taney
Township Oliver
City Branson (No. ..... St. ..... Ward)
Registration District No. 859
Primary Registration District No. 6530
File No. 183
Registered No. 36

2. FULL NAME Joseph Stuban Pleake
(a) Residence No. ..... St., ..... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Mary Emmion Pleake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-21-1863

7. AGE YEARS 75 MONTHS 8 DAYS 7 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, 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) Ind -

FATHER
13. NAME E. V. R. Pleake
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind -

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

17. INFORMANT (ADDRESS) Ralph Pleake Branson Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gobler Knob DATE 10/30 1938

19. UNDERTAKER (ADDRESS) R. O. Whitehill Branson Mo

20. FILED 10/30 1938 John H Baxter Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/28 1938

22. I HEREBY CERTIFY, That I attended deceased from June - 1938 to Oct 25th 1938
I last saw him alive on Oct 25th 1938. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
92 C
Date of onset

Other contributory causes of importance:
Rheumatism Secondary

Name of operation None Date of
What test confirmed diagnosis? Observation Was there an autopsy? No

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? No
If so, specify
(Signed) H. Muewlis, M. D.
774 (Address) Rockaway Beach 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.

RECEIVED
District Health Officer No. 6,
District File Number 6-38-435
Date Filed 11/2/38