

560 FEB 23 1939

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

2651

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Joplin Primary Registration District No. 2902
(c) City Joplin (d) Street No. Greenman Hospital Registered No. _____
(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. 123 Joplin 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leon C. Daniels
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1917
7. AGE YEARS 21 MONTHS 9 DAYS 20 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) Galena (STATE OR COUNTRY) Kansas
13. NAME Alex Russell
14. BIRTHPLACE (CITY OR TOWN) Wilson County (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Rosetta Daniels
16. BIRTHPLACE (CITY OR TOWN) Jasper County (STATE OR COUNTRY) Missouri
17. INFORMANT (ADDRESS) Leon C. Daniels
123 Joplin St. Joplin Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park Cem. DATE 1-12-39
19. FUNERAL DIRECTOR (NAME) Barley Thompson (ADDRESS) New Mo.
20. FILED 1-11-39 Ed Dyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10-39
22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1938 to Jan 10, 1939
I last saw him alive on Jan 10, 1939 Death is said to have occurred on the date stated above, at 11:20 A.M.
The principal cause of death and related causes of importance were as follows:
Streptococci
Septicemia
Date of onset _____
Other contributory causes of importance:
Streptococci Pneumonia
Name of operation Blood transfusion Date of _____
What test confirmed diagnosis? WBC 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? no
If so, specify _____ (Signed) Ed Dyer, M. D.
(Address) Joplin Mo.

26
APR 20 1948

RECEIVED

District Health Officer No. 6,

District File Number 6-39-310

Date Filed FEB 16 1939

APR 28 1945

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, _____

Barley Thompson

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Barley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

265-1

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper

Registration District No. 211

(b) Township Japlin

Primary Registration District No. 2002

(c) City Japlin

(d) Street No. _____ St. _____

(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 Minnie A Daniels

(a) Residence, No. _____ St. ☐ _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 21 MONTHS 9 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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) _____

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 1-11 19 39 E. D. James Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw him _____ alive on _____, 19____. 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:

Streptococcus Septicemia Date of onset 10/4/38

Other contributory causes of importance: N. M. P.

Streptococcus Pneumonia

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) A. Mitchell Gregg, M. D.

(Address) Japlin, Mo.

