

REC'D FEB 23 1939

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

2678  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
 (b) Township Palmer Primary Registration District No. 2002  
 (c) City Joplin (d) Street No. 2112 Pearl St. 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. 2 Mary Sloan Robinson St. Wear, Kansas  
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 10 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Scotland 4

FATHER 13. NAME William Moffat 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 4

MOTHER 15. MAIDEN NAME Margaret

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

17. INFORMANT (ADDRESS) Mrs. Aron Davis  
2112 Pearl

18. BURIAL, CREMATION, OR REMOVAL PLACE Wear, Kansas DATE Jan. 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill-Dellon  
Joplin, Mo.

20. FILED 1-7-39 Ed. James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6, 1939

22. I HEREBY CERTIFY, That I attended deceased Jan 6-39  
James, 1939 to \_\_\_\_\_, 19\_\_\_\_  
 that saw h. e. alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion 1-6-39  
44 P.M.  
 Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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

I never saw this woman alive  
she died just as I arrived  
at Joplin that day & I attached  
affidavit that I witnessed

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

If so, specify \_\_\_\_\_ (Signed) Ed. James, M. D.  
Joplin, Mo. (Address)

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 6-39-305

Date Filed FEB 16 1939

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, .....

*David Dillon*

or by .....

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

Signed *David Dillon*

Licensed Embalmer No. 3898

P. O. Address *Joplin 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.