

REC'D MAR 20 1939

D. W. E. Beane

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

6839

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township 1 Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. 408 East 14th 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 36 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 408 E. 14th 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 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 Addie Brotherton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1873
 7. AGE YEARS 66 MONTHS 0 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Night watchman
 9. Industry or business in which work was done, as saw mill, bank, etc. W. P. A.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Springfield
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Hamilton Brotherton
 14. BIRTHPLACE (CITY OR TOWN) Tennessee
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Jackson
 16. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

17. INFORMANT Mrs. J. Brotherton
 (ADDRESS) Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE 2-10, 1939

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

20. FILED 2-9, 1939 Ed A. James Local Registrar. 372

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1939

22. I HEREBY CERTIFY, that attended deceased from Feb 4, 1939, to Feb 7, 1939

I last saw him alive on Feb 7, 1939. Death is said to have occurred on the date stated above, at 6:30 p. m.

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

Influenza Date of onset 1-29-39

Other contributory causes of importance: acute dilatation of heart 2-7-39

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical 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. L. Verbeek, M. D.
Joplin Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-612

Date Filed MAR 10 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, 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 comply with the above constitutes grounds for revocation of license.)

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