REC'D MAR 20 1939

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

6842
Do not use this space.

49
7
5

1. PLACE OF DEATH

(a) County Jasper 2 Registration District No. 411

(b) Township or City Joplin 1 Primary Registration District No. 2002 Registered No.

(c) (d) Street No. 206 Virginia 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 425 Mrs Mabel Wilson

(a) Residence, No. 206 Virginia 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: Perl Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 29, 1894

7. AGE: Years 44 | Months 5 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. at Home
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): Joplin Missouri

FATHER
13. NAME: Robert Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Daisy Benton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Mrs June Burney Joplin, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Park Way Cem DATE: Feb 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Webb City Und Co Webb City, Mo.

20. FILED 2-11, 1939 Ed D James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/1/38, 19...., to 2/10/39, 19....
I last saw her alive on 2/10/39, 19.... Death is said to have occurred on the date stated above, at 1:40 a.m.
The principal cause of death and related causes of importance were as follows:

Mitral Disease

124 B1

Date of onset

Other contributory causes of importance: Cirrhosis of Liver

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? No
If so, specify .....
(Signed) J. Hotman M. D.
(Address) 106 N. Main Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr Smotman 106 on main St Joplin

RECEIVED
District Health Officer No. 6,
District File Number 6-39-615
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, or by myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

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