

MAY 18 1939

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

15162  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township Joplin Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
(c) City Joplin (d) Street No. St. James Hospital 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

(a) Residence, No. St. James Hospital St. 1107 N. Ball Hall Bldg.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city and town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Belle Roney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4 1876</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>9</u>	DAYS <u>12</u>
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. <u>Lawyer</u>		
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) <u>Scottland Glasgow Missouri</u>		
13. NAME <u>James Roney</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
15. MAIDEN NAME <u>Wenona Edwards</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
17. INFORMANT <u>Mrs. Belle Roney</u> (ADDRESS) <u>1107 N. Ball Bldg., Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Hope</u> DATE <u>April 18 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Ed J. James</u> <u>1107 N. Ball Bldg., Mo.</u>		
20. FILED <u>4-18-1939</u> <u>Ed J. James</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1939 to April 16 1939.  
I last saw him alive on April 16 1939. Death is said to have occurred on the date stated above, at 10.6 a.m.  
The principal cause of death and related causes of importance were as follows:  
Amyia Pectoris  
Other contributory causes of importance: gfa  
Pulmonary edema

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? Y  
(If so, specify.....)  
(Signed) Matthew Joplin, M.D.  
(Address) Joplin, Mo.

Date of onset  
June  
1938

4/17/39

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1110

Date Filed MAY 15 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 comply with the above constitutes grounds for revocation of license.)

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