

REC'D JUN 19 1939

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

18902

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township St. Johns Primary Registration District No. 2002 Registered No. 1
(c) City Joplin (d) Street No. St. Johns 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 Dorothy E. Elkins

(a) Residence, No. 2319 Main 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 <u>Female</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>E. L. Elkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 15, 1893</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>3</u>	DAYS <u>21</u>
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Warsaw, Mo.</u>		
13. NAME <u>James A. Clarke</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warsaw, Mo.</u>		
15. MAIDEN NAME <u>Elizabeth Spencer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warsaw, Mo.</u>		
17. INFORMANT <u>Mr. E. L. Elkins</u> (ADDRESS) <u>2319 Main</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Warsaw, Mo.</u> DATE <u>May 8, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Thornhill-Dillon</u> (ADDRESS) <u>Joplin, Mo.</u>		
20. FILED <u>5-8</u> 19 <u>39</u> <u>Ed. J. Jones</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 11:00 AM May 6, 1939 to May 6, 1939
I last saw her alive on May 6, 1939. Death is said to have occurred on the date stated above, at 10:45 P. M.
The principal cause of death and related causes of importance were as follows:
Acute cardiac dilatation
172h
Date of onset May 6 1939

Other contributory causes of importance:
1. Vaso motor collapse
2. Chronic splenitis
3. Pulmonary edema. Pleurisy
Date of May 6 1939
Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. studies Was there an autopsy? Yes

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) W. W. Shurt, M. D.
(Address) 607 Main St. 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.

RECEIVED

District Health Officer No. 6,

District File Number

6-6-39-1250

Date Filed

JUN 9 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.....

Don Petrick

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Don Petrick

Licensed Embalmer No.....

4018

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.