

REC'D AUG 17 1939

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

25915

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Joplin Primary Registration District No. 50
 (c) City Joplin (d) Street No. 501 1/2 Registered No. St. Johns Hospital
 (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. 1523 Ball St. 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1939

7. AGE YEARS MONTHS DAYS If LESS than 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.
 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 Mo.

FATHER 13. NAME Gale Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.

MOTHER 15. MAIDEN NAME Margaret Ann Edwards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.

17. INFORMANT (ADDRESS) Gale Edwards

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin Mo.

19. FUNERAL DIRECTOR (ADDRESS) Joplin Mo.

20. FILED 7-27-39 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1939

22. I HEREBY CERTIFY That I attended deceased from still born 19... I last saw him alive on _____, 19... Death is said

to have occurred on the date stated above, at 12 m.

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

Prematurity
Abrupt Placenta
in mother

Date of onset

Other contributory causes of importance: 8 mos Premature

Name of operation none Date of _____

What test confirmed diagnosis usual Was there an autopsy?

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 _____

23. Was disease or injury in any way related to occupation of deceased? no

24. specify _____

(Signed) R. C. Stewart M. D.

(Address) 931 Garrison St. Joplin, Mo.

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.

New York

RECEIVED

District Health Officer No. 6,

District File Number 839-1609

Date Filed AUG 9 1939

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)