

SEP 14 1939

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

29411
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Joplin Primary Registration District No. 2902
 (c) City Joplin (d) Street No. 1814 Empire 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. 1814 Empire (If nonresident, give city or town and State)

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 Claudia -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 - 1903

7. AGE YEARS 36 MONTHS 8 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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

13. NAME Oliver D. Bittick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Arabelle Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT MRS. C. V. WEST (ADDRESS) 1814 Empire St, Joplin, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Chm. DATE 8-5-39

19. FUNERAL DIRECTOR HURBART UND. CO (ADDRESS) 212 Joplin St, Joplin Mo

20. FILED 8-5-39 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1938 to Aug 3rd 1939
 I first saw him alive on Aug 2nd 1939 Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Carcinoma of left lung Date of onset 1938
50
 Other contributory causes of importance:
Cancer of left breast
breast amputated in summer of 1937

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

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) Olyde R. Spangler, D.O.
Joplin Mo. (Address) 372

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.

1-11-39

RECEIVED

District Health Officer No. 6,

District File Number 939-1803

Date Filed SEP 7 1939

STATEMENT BY LICENSED EMBALMER

I, Perry K. Hurlbut, Licensed Embalmer No. 959

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 Perry K. Hurlbut
Licensed Embalmer No. 959

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.)