Dr Marbough

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

REG'D OCT 12 1939

32684
Do not use this space.

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. PLACE OF DEATH
(a) County: Jasper
(b) Township:
(c) City: Joplin,
Registration District No.: 411
Primary Registration District No.: 2002
Registered No.:
(d) Street No.: 2209 Willard 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: 5 yrs. 4 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Ella Tomlinson
(a) Residence, No.: 2209 Willard Ave St.
(Usual place of abode, if no street address, write county or city) (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: Walter Tomlinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 9-1905

7. AGE: Years 34 | Months 5 | Days 29 | 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.: House-Wife
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): Oklahoma

FATHER
13. NAME: Lee Thomas Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oklahoma

MOTHER
15. MAIDEN NAME: Lota Johnston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Walter Tomlison
(ADDRESS): 2209 Willard Ave Joplin, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Forest Park Cem
PLACE: Joplin, Mo. DATE: 9-9-1939, 19

19. FUNERAL DIRECTOR (NAME): Reynolds Mortuary
(ADDRESS): 1502 Joplin St, Joplin, Mo.

20. FILED: 9-9, 1939 E. D. James
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 7-1939, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Sept 7, 1939
I last saw h[illegible] alive on Sept 7, 1939. Death is said to have occurred on the date stated above, at ~~[illegible]~~ A.M. 12:00 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-partum Eclampsia	9-7-39
Chronic Nephritis	not known

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Clinical 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) [illegible] M.D.
(Address) Joplin Mo

Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1039-2037

Date Filed OCT 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 .....

Registered Apprentice No....., working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address.....

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

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