

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

32697  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Jasper 3 Registration District No. WTF 001 22 137  
 (b) Township JOPLIN 1 Primary Registration District No. 3021 Registered No. 82  
 (c) City Wheat City (d) Street No. 104 N. MAIN. 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. 522 N. 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 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 Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 11 28

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. Factory Worker  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Joplin (STATE OR COUNTRY) Missouri

13. NAME Chas G Shoot

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

15. MAIDEN NAME Hulda Lay

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

17. INFORMANT (ADDRESS) Mrs. M. J. G. G. G. G.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE 9/19 1939

19. FUNERAL DIRECTOR (NAME) Wheat City Undertaking Co. (ADDRESS) Wheat City, Mo.

20. FILED SEPT. 20. 39. 19 R. L. Fitchett M.D. Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw her alive on Sept 18 1939 Death is said to have occurred on the date stated above, at 11:20 m.

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

Heart Block Date of onset

Other contributory causes of importance: 93 W

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? no

If so, specify \_\_\_\_\_

(Signed) A. C. Winchester Coroner, M. D.

(Address) 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.

RECEIVED

Officer No. 6,

1039-1947

Date Filed OCT 6 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. 8,922

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.