

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

39055
 Do not use this space.

DEC 15 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Galena Primary Registration District No. 2092
 (c) City Joplin (d) Street No. 2550 Murphy 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 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CUMI WILSON

(a) Residence, No. 2550 Murphy 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 1864

7. AGE YEARS 75 MONTHS 7 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION 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) Unknown 9

FATHER 13. NAME Unknown 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 9

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT Mrs. Edith Sweeten
 (ADDRESS) 2424 Murphy

18. BURIAL, CREMATION, OR REMOVAL PLACE Stony Point DATE 11-14-39

19. FUNERAL DIRECTOR Thornhill-Dillon
 (ADDRESS) Joplin, Mo.

20. FILED 11-20-39 Ed J. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1939

I HEREBY CERTIFY, That I attended deceased from July 27, 1938, to Nov 12, 1939, last saw her alive on Nov 4, 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Other contributory causes of importance:
Hypertension
Chronic Expectorate

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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. H. J. Perfecto (Address) 2114 Joplin
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

District Health Officer No. 6,

District File Number 1039-2489

Date Filed DEC 7 1939

9562

STATEMENT BY LICENSED EMBALMER

I, David Dillon, Licensed Embalmer No. 3898

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

L. E.

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

working under my personal supervision.

Signed David Dillon

Licensed Embalmer No. 3898

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

39953-

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Jasper Primary Registration District No. 2002 Registered No.
 (c) City Jasper (d) Street No.
 (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 Cecilia Wilson

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Div
 (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1939

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

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

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

I last saw h. alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 7 8

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

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

Cardiac, asthma Date of onset

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

Other contributory causes of importance:
Nephritis - adema of lower extremities (chronic)

FATHER 13. NAME

Name of operation ... Date of ...

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

What test confirmed diagnosis? ... Was there an autopsy? ...

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? ... Date of injury ... 19...

17. INFORMANT (ADDRESS)

Where did injury occur? ... (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE DATE 19

Manner of injury ...

Nature of injury ...

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify

20. FILED ... 19

(Signed) D. W. Derfelt, M. D.

(Address) Jasper

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 Cause of death in plain terms, so that it may be properly classified. Exact statement of occupation is very important.

SUPPLEMENTARY

