

State Board of Health—Division of Vital Statistics

CERTIFICATE OF DEATH

6954

In this space

1. PLACE OF DEATH: County Jasper 411-2002Township DalevaRegistered No. 192or City JoplinNo. Freeman HospitalSt. 20th & Seward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Walter L. Harry(a) Residence. No. McCune, Kansas St.,

Ward

(Usual place of abode)

(If nonresident, give city or town and state.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S., if of foreign birth? ... yrs. mos. ds.

Was deceased ever a member of the Army, Navy, or Marine Corps of the United States?

If so, state Organization.....

Rank.....

Period of service.....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

femalewhitewidowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofJames W Morrow

6. DATE OF BIRTH (month, day, year)

October 3, 1877

7. AGE

Years

Months

Days

If LESS than
1 day.....hrs.
or.....min.6262428

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.housewife9. Industry or business in which
work was done, as silk mill,
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)Freemont Illinois13. NAME Walter L. Harry14. BIRTHPLACE (city or town)
(State or country)Jerseyville Illinois15. MAIDEN NAME Susan M Bennett16. BIRTHPLACE (city or town)
(State or country)Glenora Illinois17. INFORMANT Mrs L C Knighton
(Address) 1517 N. Joyce Joplin Mo18. BURIAL, CREMATION, OR REMOVAL
Place McCune Cemetery Mar. 4, 194019. UNDERTAKER Gregg Funeral Home
(Address) McCune, Kan20. FILED Mar 7 1940 Paul H. J. Joplin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 2, 194022. I HEREBY CERTIFY, That I attended deceased from
Feb 12, 1940, to Mar 2, 1940.I last saw her alive on Mar 2, 1940, death is said
to have occurred on the date stated above at 8:15 a.m.The principal cause of death and related causes of importance in order
of onset were as follows:Diabetes Mellitus followed
by coma and acute
circulatory collapse (Right
heart dilatation and pulmonary
oedema)

Date of onset

Feb 121940Contributory causes of importance not related to principal
cause:Lobar pneumonia left
lowerFeb 121940Name of operation none Date of 54What test confirmed diagnosis? blood Was there an autopsy? No23. If death was due to external cause (violence) fill in also the fol-
lowing:Accidental suicide or homicide? No 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 de-
ceased?.....

If so specify.....

372 (Signed) Herbert R. LaFare M. D.(Address) 607 Main Joplin Mo

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of vigorous pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

EXAMPLE I

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

	Date of Onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Contributory causes of importance not related to principal cause:

<i>Fracture of arm</i>	
<i>Automobile accident</i>	<i>May 3, 1927</i>

EXAMPLE II

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

	Date of Onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Contributory causes of importance not related to principal cause:

<i>Influenza</i>	<i>6 weeks ago</i>
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In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

ADDITIONAL SPACE FOR FURTHER STATEMENT BY PHYSICIAN

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6954**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Maudie J. Harry Morrow**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **7** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased **Oct 3 1877**
(Month) (Day) (Year)

(8) AGE:	Years	Months	Days	If less than one day
	62	4	28	hr. min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) **3-3-40** (b) **Ed. D. James**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Mar** day **17** 2
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____;
that I last saw h. _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature **Herman A. Lafree** (Date of other) _____
Address **Joplin** Date signed _____

SUPPLEMENTAL

S-6954