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Dr. Howland

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25212

ED AUG 11 1943

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 420

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 _____
In this community since birth (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: ⁴⁹

(a) State Missouri (b) County Jasper ²

(c) City or town Joplin ⁵
(If outside city or town limits, write "RURAL")

(d) Street No. 825 Missouri
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Linda Darlene Brotherton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th
year 1943 hour 5 minute 20 P M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced infant

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

7. Birth date of deceased Nov 8 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-14-43 19, to 7-24-43 19, that I last saw her alive on 7-23-43 19, and that death occurred on the date and hour stated above.

8. AGE: 8 months 16 days
Years _____ Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation infant

Immediate cause of death Interstitial Nephritis ^{2 wks}

Due to Secondary Anemia

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

MOTHER FATHER

11. Industry or business _____

12. Name Victor Brotherton

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

14. Maiden name Dorothy Miller

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

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Victor Brotherton

(b) Address 825 Missouri

17. (a) Burial (b) Date thereof 7 28 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Lambert Dillon

(b) Address 424 Wall

19. (a) 7-27-43 (b) Geitunde Suedhoelter
(Date received local registrar) (Registrar's signature)

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 Walter H. ... (M. D. or other) _____
Address Joplin MO Date signed 7-27-43

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 156 AUG 13 1945

Registration District No. 156

Primary Registration District No. _____

Registrar's No. _____

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 _____ years, months or days

3. (a) PRINT FULL NAME Linda Darlene Bradshaw

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

- 4. Sex F 5. Color or race N
- 6. (a) Single, widowed, married, divorced infant
- 6. (c) Age of husband or wife if alive _____ years
- 7. Birth date of deceased _____ (Month) (Day) (Year)

- 8. AGE: Years _____ Months 8 Days 16 min. _____ (If less than one day)

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

10. Usual occupation _____

11. Industry or business _____

- 12. Name _____
- 13. Birthplace _____ (City, town, or county) (State or foreign country)
- 14. Maiden name _____
- 15. Birthplace _____ (City, town, or county) (State or foreign country)

- 16. (a) Informant _____
- (b) Address _____
- 17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
- (c) Place: burial or cremation _____

- 18. (a) Signature of funeral director _____
- (b) Address _____
- 19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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) Citizen of foreign country? _____ (Yes or No)
- If yes, name country _____

MEDICAL CERTIFICATION

- 20. DATE OF DEATH: Month July day 24 year 1945 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to Essential Nephritic Nephrosis (Acute) Secondary Anemia

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

- 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 _____ (M. D. or other) _____
- Address _____ Date signed _____

SUPPLEMENTARY

VENT RECORD

WRITE PLAINLY—USE UNFADING BLACK

MOTHER, FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-25212