JUL 27 1927

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

Do not use this space.

18652

1. PLACE OF DEATH
County Jasper
Township
City Webb City (No. 307-1 St. Ward)
Registration District No. 417
Primary Registration District No. ~~55~~
File No.
Registered No. 78

2. FULL NAME Nettie Joslen
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ~~8~~ yrs. 8 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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~~ J. D. Joslen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 23-1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
45	2	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Tenn

PARENTS
10. NAME OF FATHER Macklay Joslen
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) N. C.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Miles Joslen
(Address) Carthage Mo

15. FILED 6/27/1927 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1927

17. I HEREBY CERTIFY, That I attended deceased from November 30, 1926, to June 26, 1927 that I last saw her alive on June 26, 1927, and that death occurred, on the date stated above, at 3:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic pulmonary tuberculosis
31 23A
(duration) 9 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED unknown.
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical & X Ray examination
(Signed) Varney Hazlewood, M. D
June 26, 1927 (Address) Jasper Co Tuberculosis Hospital Webb City Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Fasken Cemetery
DATE OF BURIAL: 6-27 1927

20. UNDERTAKER: Ulmer-Drake
ADDRESS: Carthage

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.

PERMANENT RECORD