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

Do not use this space.

30703

1927

1. PLACE OF DEATH

County: Jasper — Registration District No.: 411 — File No.:

Township: Kelloggs — Primary Registration District No.: 2002 — Registered No.: 488

City: Joplin (No. 30 Johns Ave St. Ward)

2. FULL NAME: Needsmaas (Unnamed)

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word):

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 4-1927

7. AGE: Years | Months | Days: 5 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Joplin
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: J. D. Needsmaas

11. BIRTHPLACE OF FATHER (CITY OR TOWN): O.K.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Ella

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): O.K.
(STATE OR COUNTRY)

14. INFORMANT: J. A. Hammer
(Address): Joplin Mo

15. FILED 10/ 19 27 J. Benson Clark
REGISTRAR
118

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 1927, to Oct 14 1927, that I last saw h. alive on Oct 14, 19, and that death occurred, on the date stated above, at 10-30 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Stillbirth 1570
Premature Birth 159
Asphyxia Neonatorum
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1610
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. O. Coomles, M. D.
10/15 1927 (Address) Joplin 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: Peace Cem — DATE OF BURIAL: 10-15 1927

20. UNDERTAKER: Neulbert and Co — 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.