

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

Do not use this space.

**1. PLACE OF DEATH**

County Jasper Registration District No. 411 File No. 27631  
 Township Waverly Precinct Registration District No. 2002 Registered No. 353  
 City Joplin (No. 1) St. Joplin (Ward)

**2. FULL NAME**

Betty Pearl Stephens  
 (a) Residence. No. 20212 Maple 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 Female 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) June 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 4

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) Missouri

10. NAME OF FATHER W. N. Stephens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buttsburg  
 (STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Thazel Pearson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Missouri

14. INFORMANT (Address) W. N. Stephens  
Joplin, Mo.

15. FILED 51 St. Nicholas REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 - 1928

17. I HEREBY CERTIFY That I attended deceased from 7/22, 1928, to Aug 9, 1928, and that I last saw him alive on Aug 9, 1928, and that death occurred, on the date stated above, at 12-45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

tuberculosis (miliary)

34-32A (duration) weeks  
 CONTRIBUTORY OPERATION for Potts (SECONDARY) discase (duration) 1928

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, as home

DID AN OPERATION PRECEDE DEATH? yes DATE OF 7/25/28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) S. A. Grantham, M. D.  
 , 19 (Address) 424 Byers Rd. Jop.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL West Hill Cem. Joplin DATE OF BURIAL 1-13-1928

20. UNDERTAKER Northside Co. Joplin, Mo. ADDRESS \_\_\_\_\_

PERMANENT RECORD

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.

1928

