

JAN 23 1929

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

Do not use this space.

41329

1. PLACE OF DEATH

Com. Jasper
Township
City Joplin (No. 679)

Registration District No. 411
Primary Registration District No. 2002
County Comuar

File No.
Registered No. 556
St. Ward

2. FULL NAME

Henrietta Van Dusen

(a) Residence. No. 679 Comuar 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. 1 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widow

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

Gro W Van Dusen

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug 27-1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>75</u>	<u>3</u>	<u>25</u>	

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) Ills

10. NAME OF FATHER

Henry Stovus

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Vermont

12. MAIDEN NAME OF MOTHER

Mary Stanley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Vermont

14. INFORMANT

May Street
(Address) Joplin Mo

15. FILED

62-21, 19-28 Dr A B Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 22, 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 17, 1928 to Dec 22, 1928 that I last saw him alive on Dec 22, 1928, and that death occurred, on the date stated above, at 11:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
10/8 (duration) yrs. mos. 5 da.

CONTRIBUTORY (SECONDARY)

10/10 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

18 WAS THERE AN AUTOPSY.....

18 WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. P. Wilbur, M. D.
17/22, 1928 (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

Warrensburg Mo DATE OF BURIAL 12-24 1928

20. UNDERTAKER

Knee mortuary 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.

