JUL 25 1929

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

Do not use this space.

21826

1. PLACE OF DEATH
County Jasper — Registration District No. 411
Township — Primary Registration District No. 2002
City Joplin Mo. (No. ... St. ... Ward)

File No.
Registered No. 249

2. FULL NAME Jasper Louis Dean
(a) Residence. No. 1704 Ryan 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Mar.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Effie M. Dean

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 16 - 1882

7. AGE: Years 47 — Months 7 — Days 25 — If LESS than 1 day, ... hrs. or ... min.

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

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

PARENTS
10. NAME OF FATHER: Edward G. Dean
11. BIRTHPLACE OF FATHER (CITY OR TOWN): London
(STATE OR COUNTRY): Eng.
12. MAIDEN NAME OF MOTHER: Elizabeth Blevington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ind.
(STATE OR COUNTRY)

14. INFORMANT: Mrs. Effie M. Dean
(Address): 1704 Ryan

15. FILED 6-13 1929 A. Brown Clerk M.M. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 11, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 4-29, 1929, to 6/11 1929 that I last saw h. alive on 5/29 6/4/29, and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Probably Carcinoma of Liver
8 mo. 4 days
(duration) ... yrs. ... mos. ... ds.
Not known
Several months
CONTRIBUTORY (SECONDARY): None
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Not known
DID AN OPERATION PRECEDE DEATH? Several DATE OF ... Carcinoma of thorax + abdomen
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. F. Willey, M. D.
(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: Sarcoxie Mo. — DATE OF BURIAL: June 13 1929
20. UNDERTAKER: Frank Sievers 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.