

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

Do not use this space.

40229

1. PLACE OF DEATH

49 County Jefferson Registration District No. 411
 7 Township Joplin Primary Registration District No. 2002
 5 City Joplin Mo

File No. 16
 Registered No. _____
 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 407 Main 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mar.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 7 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Southern Garage

10. Date deceased last worked at this occupation (month and year) Dec 10 - 32 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

13. NAME Franklin Gobar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

15. MAIDEN NAME Jane Lambert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Mr. Myrtle Gobar 407 Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE Dec. 13 32

19. UNDERTAKER (ADDRESS) Frank Herr Co 207 E. Main

20. FILED 12/13 1932 Wm Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/10 1932, to 12/10 1932

I last saw him live on Dec 10 - 1932 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Peri Gastritis Date of onset 12/10/32
Acute Indigestive 132

Other contributory causes of importance: None

Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Wm Clark M. D.
 (Address) Joplin Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A 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.

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