

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

Do not use this space.

1. PLACE OF DEATH

49 County Jasper
7 Township
5 City Joplin (No. _____)

Registration District No. 411
Primary Registration District No. 2002

File No. 49265
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1815 Myers St. One Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cara Marie Thompson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 22-1953</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>11</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lexington Mo.</u>		
13. NAME <u>Albert O.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vermont</u>		
15. MAIDEN NAME <u>Martha Brown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Mrs. Charis Bangs</u> (ADDRESS) <u>Joplin Mo. 1815 Myers</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seneca Mo</u> DATE <u>Jan 1 1933</u>		
19. UNDERTAKER (ADDRESS) <u>W. J. Sussard</u> <u>Seneca Mo</u>		
20. FILED <u>72/30</u> 19 <u>32</u> <u>Edmond Clark</u> Registrar.		

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1932 to Dec 29 1932
last saw him alive on Dec 28 1932 Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia
107th St
92nd St
Other contributory causes of importance:
Valvular Heart Disease
1

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____ (Signed) R. G. Chumawick 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.

JAN 24 1933

JUN 17 1948