

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

Do not use this space.

16905

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Joplin Primary Registration District No. 2002
 City Joplin (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Galena Kan
 (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-22-33

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

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

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) St. John's Hospital Galena Kan

13. NAME Claude Kennedy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena Kan

15. MAIDEN NAME Erva Jean Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Co - Mo.

17. INFORMANT Claude Kennedy

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE 5/27/33

19. UNDERTAKER (ADDRESS) Bone Undertaking Co Galena Kan

20. FILED 5/26/33 Alvina Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-22, 1933, to 5-26, 1933

I last saw him alive on 5-26, 1933. Death is said to have occurred on the date stated above, at _____ m.

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

Prematurity
1680
159
160B
 Other contributory causes of importance: Cerebral hemorrhage
 Date of onset at birth

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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) Alvina 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.

JUN 22 1933

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2
1

49
52
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