

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

Do not use this space.

17275

53

1. PLACE OF DEATH
 County Newton Registration District No. 609
 Township Neosho Primary Registration District No. 4363
 City Neosho (No. Sale Hospital) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME JOY SPEAKER HAAS
 (a) Residence, No. _____ 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. STEWART HAAS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 3. 1903
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 6 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
 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) WEST PAIRNS MISSOURI

13. NAME W. G. SPEAKER

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

15. MAIDEN NAME MARGARET MUSTAIN

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

17. INFORMANT B. STEWART HAAS (ADDRESS) NEOSHO MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE I. O. O. F. CEMETERY DATE MAY 23 33

19. UNDERTAKER BIGHAM'S (ADDRESS) NEOSHO MO.

20. FILED 6/12 33 C. E. Mayers

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 20 1933

22. I HEREBY CERTIFY, That I attended deceased from May 4 1933 to May 20 1933
 I last saw her alive on May 20th 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:
Tubercular peritonitis and partial obstruction of bowel due to adhesions. Date of onset _____

Other contributory causes of importance:
A ruptured right tubercular kidney pus formation burrowing through into abdominal cavity

Name of operation Exploratory Date of May 4, 1933
 What test confirmed diagnosis? Laboratory 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 None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Orville Sale M. D.
 (Address) Neosho 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.

JUL 28 1933

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