

21 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Osborne
City Joplin (No. _____)

Registration District No. 411
Primary Registration District No. 209

File No. 5404
Registered No. _____
Ward _____

2. FULL NAME

(a) Residence, No. 2 of Mc Coy St. _____ 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 24

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) Carterville Mo

13. NAME Harold L. Pregmore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cartersville Mo

15. MAIDEN NAME Jessie LaBoul Gode

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jessie Mo

17. INFORMANT (ADDRESS) Harold L. Pregmore

18. BURIAL, CREMATION, OR REMOVAL PLACE Heard DATE 2-28-1934

19. UNDERTAKER (ADDRESS) Hughes and Co

20. FILED 2-27-1934 Ed J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-22, 1934, to 2-26, 1934.

I last saw h. alive on 2-26, 1934. Death is said to have occurred on the date stated above, at 5 P m.

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

Influenza
Influenzal meningitis
Date of onset 2/20/34

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis throat fluid + x-ray Was there an autopsy? _____

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) John ... 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.

