

SEP 20 1935

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

Do not use this space.

26777

## 1. PLACE OF DEATH

 County Jasper Registration District No. 411 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 City Joplin (No. Free Mason Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Sanica Mo. Su. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)Length of residence in city or town where death occurred yrs. 3 mos. 8 ds. / 2 How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_  
(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-2-1919
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
16 8 20

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation X
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sanica Mo. P.T.D.13. NAME Sam Carl14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lake City Kansas15. MAIDEN NAME Vera Pinkley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana Neb.17. INFORMANT Sam Carl (ADDRESS) Sanica Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Sanica Mo. DATE 8-23 193519. UNDERTAKER W. T. Buzard (ADDRESS) Sanica Mo.20. FILED 8-24 1935 E. D. Jones Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22 193522. I HEREBY CERTIFY, That I attended deceased from 8-20-35, 1935, to 8-22-, 1935.I last saw her alive on 8-22-, 1935. Death is said to have occurred on the date stated above, at 8:00 A. M.

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

Septicemia  
Streptococcus infection  
face & neckOther contributory causes of importance: 3541Name 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? accident Date of injury 8-16, 1935Where did injury occur? Sanica, Mo.  
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Her homeManner of injury Picked up on face  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) A. Mitchell, M. D.(Address) Joplin, Mo.

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.

