

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

Do not use this space.

31359

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
Township _____ Primary Registration District No. 2002 Registered No. _____
City Joplin (No. 2504) Murphy St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2504 Murphy 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11-36

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
✓ ✓ ✓ ✓ 5 hrs. 45 min.

OCCUPATION 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) Joplin Mo.

FATHER 13. NAME Wm. Palmer

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

MOTHER 15. MAIDEN NAME Etta Martin

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

17. INFORMANT (ADDRESS) Samuel Murphy 2504 Murphy

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin Mo. DATE 8-18-36

19. UNDERTAKER (ADDRESS) Harold Lind 2504 Murphy

20. FILED 8-13-36 E. D. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11-1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1936, to same, 1936

I last saw h. alive on 8-11, 1936 Death is said to have occurred on the date stated above at 9:45 a.m.

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

Patency of foramen ovale, (Blue baby)
Other contributory causes of importance: _____
1570

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? _____ 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) W. Marshall M. D.
(Address) 1930 Bird, 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.

SEP 24 1936

Marbaugh
1930-13-36

1940

1940

1940