

JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper  
Towship Joplin  
City Joplin

Registration District No. 411  
Primary Registration District No. 2002  
(No. St. Johns Hospital St. Ward)

File No. 20386

Registered No. 1 Ward

2. FULL NAME

(a) Residence, No. 12 North Liberty St. Ward. Webb City, Mo.  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1937

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

I HEREBY CERTIFY That I attended deceased from May 12, 1937, to May 19, 1937.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1886

I last saw her alive on May 19, 1937. Death is said to have occurred on the date stated above, at 7:00 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
99 50 8 10

The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset

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

Other contributory causes of importance:  
Lobar Pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisa, Missouri

Name of operation none Date of

13. NAME John Stewart

What test confirmed diagnosis? no Was there an autopsy?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Carolina

22. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

15. MAIDEN NAME Margaret Lewis

Where did injury occur? (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Carolina

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (SIST. of McCray Stewart) (ADDRESS) Webb City, Mo.

Manner of injury Nature of injury

18. BURIAL, CREMATION OR REMOVAL PLACE St. Johns Cemetery DATE May 21, 1937

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER (ADDRESS) Hedge Nelson Funeral Home  
Webb City, Missouri

(Signed) W. H. Kelly, M. D.

20. FILED 5-19-37 Ed D. James Registrar

(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.

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