REC'D AUG 11 1938

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

25626
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) City Joplin
Registration District No. 41
Primary Registration District No. 2002
Registered No.
(d) Street No. Freeman Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 13 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

41
7
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2. PRINT FULL NAME Robert McAdoo (Mack) Fagan 2 7
(a) Residence, No. 1127 Moffet St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1920.
7. AGE: Years 17 | Months 10 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. In High School
9. Industry or business in which work was done, as 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) Mansfield Missouri

FATHER
13. NAME Paul Fagan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mansfield Mo.

MOTHER
15. MAIDEN NAME Clara Dennis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mansfield Mo.

17. INFORMANT (ADDRESS) Paul Fagan Joplin Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mansfield Mo. Dennis Cem. DATE Aug 1, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lanphier Mortuary Joplin Mo.
20. FILED 7-30, 1938 Ed Dunn Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to July 30, 1938
I last saw h. alive on July 29, 1938. Death is said to have occurred on the date stated above, at 3:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis, acute	
9/ad	

Other contributory causes of importance:
Tonsilitis

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) V.E. Kinney, M. D.
(Address) 311 Miners Bank Bldg Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Allen E. Lanpher, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Allen E Lanpher

Licensed Embalmer No. 3574

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.