REC'D SEP 23 1938

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

29175
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township Galena
(c) City Joplin
(d) Street No. St. John's 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 21 yrs. 7 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 411
Primary Registration District No. 2002 Registered No.

2. PRINT FULL NAME Kenneth Franklin Nethery 360
(a) Residence, No. R.R.# 2 Seneca, Missouri 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 9, 1917

7. AGE: Years 21, Months 7, Days 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Lineman
9. Industry or business in which work was done, as saw mill, bank, etc.: Empire District
10. Date deceased last worked at this occupation (month and year): July 1938
11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Joplin, Mo. 0

FATHER
13. NAME: Frank Nethery 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Joplin, Mo. 0

MOTHER
15. MAIDEN NAME: Elizabeth Hannell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Joplin, Mo.

17. INFORMANT (ADDRESS): Mrs. Frank Nethery Seneca, Mo. R.R.# 2

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Forest Park DATE Aug. 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Thornhill-Dillon Joplin, Missouri

20. FILED 8-27, 1938 Ed D Jamie
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 24, 1938

22. I HEREBY CERTIFY That I attended deceased from July 22, 1938 to August 24, 1938
I last saw him alive on Aug. 24, 1938. Death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

Acute Miliary Tuberculosis

Date of onset

Other contributory causes of importance: 32a

None

Name of operation None 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? No 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? No
If so, specify
(Signed) A. M. Hebell Greg, M. D.
(Address) Joplin Mo.

Licensed Embalmer's Statement on Reverse Side

RECEIVED
District Health Officer No. 6,
District File Number 6-38-192
Date Filed 9/20/38

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, ...
David Dillon, or by .....

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

Signed David Dillon

Licensed Embalmer No. 3898

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.