

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

29593
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 1046
 (b) Township Joplin Primary Registration District No. 5810 Registered No. 2068A
 (c) City Joplin (d) Street No. 34th & Connecticut 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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 34th & Connecticut St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>4</u>	<u>6</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Texas

FATHER 13. NAME Russell Hough

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

MOTHER 15. MAIDEN NAME Eliz. Stroup

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT Nattie Hough (ADDRESS) Redding Mill Joplin

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Pt DATE Aug 5 38

19. FUNERAL DIRECTOR (NAME) Lanpher Mottram (ADDRESS) Joplin Mo

20. FILED 8-5 38 Ed Garrison Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-3 1936 to 8-3 1938
 I last saw her alive on 8-3 38 Death is said to have occurred on the date stated above, at 9:40 P. m.
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Hypertension
 Date of onset

Other contributory causes of importance:

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) Ed Garrison, M. D.
 (Address) Joplin Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-38-180

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, F. M.

Jones

or by _____

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

Signed

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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

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