

LESD APR 21 1939

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

by Ira T. Toman
11138
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 401
(b) Township Jasper Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. 609 Club 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 0 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

AROTH LOUISE WRIGHT
(a) Residence, No. 609 Club Street St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 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) March 4, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

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) Joplin Mo

FATHER 13. NAME Albert Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Myrtleville - Arkansas

MOTHER 15. MAIDEN NAME Hazel C. Harlow

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

17. INFORMANT (ADDRESS) Albert Wright 609 Club St Joplin

18. BURIAL, CREMATION, OR REMOVAL PLACE Railway DATE March 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Louise Mort Joplin Missouri

20. FILED 3-7-39 T. J. Jansen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-4 1939, to 3-4 1939

I last saw h. at Joplin 1939 Death is said to have occurred on the date stated above, at 12:00 P. M.

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

Shillbain (8 mos.)
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) J. G. Toman M. D.
(Address) 106 N. Main

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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RECEIVED

District Health Officer No. 6,

District File Number 6-39-830

Date Filed APR 12 1939

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, or by

Prepared

M. J. Jones

Registered Apprentice No. 2319

working under my personal supervision.

Signed

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address

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

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