

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

350 MAY 18 1939

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

15154  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411

(b) Township Joplin Primary Registration District No. 2902

(c) City Joplin (d) Street No. St. Johns Hospital Registered No. \_\_\_\_\_

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HEPSADAH WATTS

(a) Residence, No. Wyandotte Okla. St.  Wyandotte, Okla.

(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 Female

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 A. M. Watts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>63</u>	<u>11</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) St Joe Arkansas

FATHER

13. NAME Napoleon Rainbolt

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

MOTHER

15. MAIDEN NAME Mary Rogers

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT A. M. Watts (ADDRESS) Wyandotte, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sebecus Mo. DATE 4-29-39

19. FUNERAL DIRECTOR (ADDRESS) B. W. Burgess Sebecus Mo.

20. FILED 5-1-39 19. 39 W. D. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 26 to Apr 29

I last saw her alive on Apr 26, 1939 Death is said to have occurred on the date stated above, at 6-15 a.m.

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

Diabetes Mellitus Date of onset \_\_\_\_\_

Other contributory causes of importance: 54

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Diabetes 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. H. Verbeek M. D.

(Address) Joplin Mo.

I X12004

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1088

Date Filed MAY 15 1939

STATEMENT BY LICENSED EMBALMER

I, B. W. Buzzard, Licensed Embalmer No. 2334

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed B. W. Buzzard

Licensed Embalmer No. 2334

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.)