

REC'D AUG 17 1939

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

25902  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township Galena Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
(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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 560 Dottie Annette Tener

(a) Residence, No. 2802 E 7th Street 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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Tener

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hra. or .....min.  
56 8 0

OCCUPATION 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) GILSUM MISSOURI

FATHER 13. NAME JAMES R. SWEAT 1  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MASAN City, Iowa

MOTHER 15. MAIDEN NAME ALICE L. CARTER  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PORTSMOUTH, OHIO

17. INFORMANT William H. Tener  
(ADDRESS) Joplin, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park Cem. DATE 7-10-39

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

20. FILED 7-10-39 E. J. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1939

2. I HEREBY CERTIFY that I attended deceased from June 29, 1939 to July 7, 1939

I last saw her alive on July 7, 1939 Death is said to have occurred on the date stated above, at 4:15 p.m.

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

Lobar Pneumonia  
(Left Terminal)  
Partial Anuria  
Hypertension  
Other contributory causes of importance:

General Sclerosis

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? \_\_\_\_\_ 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) D. M. Jones M. D.  
(Address) Joplin, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 839-1625

Date Filed AUG 10 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,

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 comply with the above constitutes grounds for revocation of license.)

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