

DEC 0 AUG 17 1939

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

25932

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Joplin Primary Registration District No. 2002 Registered No. 31
(c) City Joplin (d) Street No. 9th & Catherine St.
(e) Length of residence in city or town where death occurred 53 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 9th & Catherine 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 Male 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 Sarah Daniels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1849.

7. AGE YEARS 89 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. Farmer
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) Illinois 1

FATHER 13. NAME Elijah Daniels 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 9

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Charles Daniels
Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carterville Cem DATE 7-12-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Reynolds Motway
Joplin, Mo.

20. FILED 7-12-39 W. J. Moore Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1939.

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1939, to July 10, 1939
I last saw him alive on July 10, 1939 Death is said to have occurred on the date stated above, at 8:20 P.m.

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

Cerebral Neurocystic Date of onset 87th

Other contributory causes of importance:

Atherosclerosis

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) Walter H. Moore, M.D.

(Address) 530 E. Main
Joplin

RECEIVED

District Health Officer No. 6,

District File Number

839-1629

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,

or by

Registered Apprentice No. _____, 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.