

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.

JAN 20 1937

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

Ed James  
Do not use this space  
Trisco. Bldg.

45158

1. PLACE OF DEATH

County Jasper Registration District No. 111 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
City Joplin (No. Freeman Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Caseville, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-12-1859

7. AGE YEARS MONTHS DAYS If LESS than 4 days, hrs. or min.  
77 9 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher  
9. Industry or business in which work was done, as silk mill, 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) Fayetteville, Ark.

FATHER 13. NAME J. W. Bratten

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

MOTHER 15. MAIDEN NAME Margaret Martin

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

17. INFORMANT Mrs. Clara Henderson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Caseville, Mo. DATE Dec. 6, 1936

19. UNDERTAKER (ADDRESS) Blankenship  
Durdan, Caseville

20. FILED 12-4, 19 36 Ed James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1936 to Dec 2, 1936  
I last saw him alive on Dec 2, 1936 Death is said to have occurred on the date stated above, at 7 P. m.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia  
108  
Date of onset Nov 30

Other contributory causes of importance: Prostatic, Circulatory, Dec 1  
Colapsus Prostatic Hypertrophy

Name of operation Prostatic Date of Nov 30-36  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_  
(Signed) Paul W. Walker, M. D.  
(Address) 316 Trisco Bldg Joplin Mo

