

The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Source of Data: www.sos.mo.gov/archives/resources/deathcertificates/

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Jasper</i>		Registration District No.	<i>411</i>	
Township			File No.	<i>41727</i>	
Village			Primary Registration District No.	<i>2002</i>	
City	<i>Joplin</i>		Registered No.	<i>519</i>	
FULL NAME <i>Mattie Roe Bathe</i>			(NO. <i>12th & Monroe</i> St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OF RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<i>Female</i>	<i>white</i>	<i>married</i>	<i>Dec 27 1911</i>		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<i>August 30 1886</i>			<i>Dec 24, 1911, to Dec 27, 1911,</i>		
AGE			that I last saw her alive on <i>Dec 27, 1911,</i>		
<i>25 yrs. 8 mos. 1 ds.</i>			and that death occurred, on the date stated above, at <i>413 m.</i>		
OCCUPATION			The CAUSE OF DEATH* was as follows:		
<i>Housewife</i>			<i>Hemorrhage (Placental)</i>		
BIRTHPLACE			<i>in the abdomen</i>		
<i>Missouri</i>			<i>beginning Dec 20 attending physician</i>		
NAME OF FATHER			Contributory		
<i>J. T. Roe</i>			<i>Carriage and automobile</i>		
BIRTHPLACE OF FATHER			<i>Dec 26 of year</i>		
<i>Missouri</i>			<i>Trade</i>		
MAIDEN NAME OF MOTHER			(Signed) <i>John Evans</i> M. D.		
<i>Fairbank Page</i>			<i>Dec 24 1911</i> (Address) <i>802 Union</i>		
BIRTHPLACE OF MOTHER			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
<i>Missouri</i>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			At place of death... yrs. mos. ds. In the State... yrs. mos. ds.		
(Informant) <i>J. T. Roe</i>			Where was disease contracted if not at place of death? <i>at home</i>		
(ADDRESS) <i>Joplin 12th & Monroe</i>			Former or usual residence		
Filed <i>12-29 1911</i>			PLACE OF BURIAL OR REMOVAL		
<i>A. M. Gregg</i> REGISTRAR			<i>Joplin</i>		
			DATE OF BURIAL		
			<i>Dec 29 1911</i>		
			ADDRESS		
			<i>Joplin</i>		

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.