

Don Rodgers J... Missouri Bl... 930-38

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 34193A
34157

1 PLACE OF DEATH

County Jasper
Township
or
Village
or
City Joplin

Registration District No. 211 File No.
Primary Registration District No. 2002 Registered No. 610

(No. 319 Michigan St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Wm Arthur Martin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Single (Write the word)

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE 32 yrs. mos. ds. IF LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Miner (b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Webb City Mo.

PARENTS 10 NAME OF FATHER J. W. Martin 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Jasper 12 MAIDEN NAME OF MOTHER Elizabeth Slatten 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kansas

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Martin (Address) Joplin Mo.

15 Filed Oct 26 1918 J. A. Chrowat Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 24 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct 24 1918 to Oct 24 1918 that I last saw him alive on Oct 24 1918 and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia 10 (Duration) yrs. mos. ds.

CONTRIBUTORY Impediment (Secondary) (Duration) yrs. mos. ds.

(Signed) A. H. Rogers M. D. Oct 25 1918 (Address) 230 Hudson Building

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Carterville Ill. DATE OF BURIAL 10/27 1918

20 UNDERTAKER Webb City Theod Co ADDRESS Webb City

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.

