

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

Do not use this space.

**1. PLACE OF DEATH**

49 County Jasper  
Township Joplin  
City Joplin (No. 11)

Registration District No. 111  
Primary Registration District No. 2002

File No. 1468  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 1709 2<sup>nd</sup> 4<sup>th</sup> St., Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowers

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A. Martin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 1-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73      9      18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Smelter  
(b) General nature of industry, business, or establishment in which employed (or employer) Lead Works  
(c) Name of employer Eagle-Peters Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Mo.

10. NAME OF FATHER No Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT (Address) Mrs. Ida Lasson 1709 West 4<sup>th</sup> St.

15. FILED 1/10 1932 A. Benson Clark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 18, 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Jan 18, 1932, that I last saw h. alive on Jan 9, 1932, and that death occurred, on the date stated above, at 9 P. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Myocardial Insufficiency

**CONTRIBUTORY (SECONDARY)**

Lead Poisoning (duration) 2 yrs. mos. ds.  
10 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH 1709 West 4<sup>th</sup>

6 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS General Symptoms  
(Signed) W. B. Erickson, M. D.

Jan 18, 1932 (Address) Joplin Mo

\*State the DISEASE CAUSING DEATH, or deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Hope Cem. DATE OF BURIAL Jan. 20, 1932

20. UNDERTAKER Frank Pierce & Co. Joplin, Mo ADDRESS \_\_\_\_\_

FEB 4 1932

Exact statement of OCCUPATION is very important. Do not omit primary terms, so that it may be properly classified.

