

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 25 1932

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

Do not use this space.

12936

1. PLACE OF DEATH  
 49 County Jackson Registration District No. 411  
 7 Township Clinton Primary Registration District No. 2002  
 5 City Joplin No. 302 St. McKinley Ward

2. FULL NAME Cornelia Martstold  
 (a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. D. Martstold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than day, hrs. or min.
	<u>44</u>	<u>3</u>	<u>10</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 35  
 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) Mo., Ill.

FATHER  
 13. NAME Oliver Fremus  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. Ill.

MOTHER  
 15. MAIDEN NAME Frances Stanka  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Fred Herring  
Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE 4-5-32

19. UNDERTAKER (ADDRESS) Messert and Co.

20. FILED 4/4 1932 Abraon Clark  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1931, to Apr 2 - 1932  
 I last saw him alive on Apr 2 1932 Death is said to have occurred on the date stated above, at 6:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic nephritis  
 Other contributory causes of importance 1  
Cardiac hypertrophy  
from high blood pressure  
 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) H. P. Wilbur, M. D.  
 (Address) Joplin Mo

