

REC'D APR 21 1939

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

11173
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 44
 (b) Township Salmon Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. 536 N. Wall St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William H. Landreth
 (a) Residence, No. 536 N. Wall St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Edith Cotton Landreth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 5 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Head of Landreth
 9. Industry or business in which work was done, as saw mill, bank, etc. Machinery Co.
 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) Dawson, Ill.

13. NAME Geo. W. Landreth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Big Stone Gap, Va.

15. MAIDEN NAME Mary
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Litchfield, Ill.

17. INFORMANT (ADDRESS) H. H. Landreth
423 N. Moffet

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE March 31, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill-Dillon
Joplin, Mo.

20. FILED 3-30-39 W. D. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937, to March 28, 1939
 I last saw h. live on March 7, 1939. Death is said to have occurred on the date stated above, at 5:35 A.M.

The principal cause of death and related causes of importance were as follows:

Arterio sclerotic nephritis with "malignant hypertension"

Date of onset

unknown

Other contributory causes of importance:

- ① Pulmonary edema (acute, fatal) 5-18-39
- ② Acute cardiac dilatation
- ③ Urinary uremia

Name of operation none Date of _____
 What test confirmed diagnosis? fluorocal findings 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) W. D. James, M. D.
 (Address) 607 Main St. Joplin, Mo.
504 West Bell

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.

I X 14028

RECEIVED

District Health Officer No. 6,

District File Number 6-39-868

Date Filed APR 12 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

David Dillon, or by

Registered Apprentice No....., working under my personal supervision.

Signed..... David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.