

REC'D MAY 18 1939

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

15186
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Joplin Primary Registration District No. 3002 Registered No. _____
(c) City Joplin (d) Street No. 2302 Murphy 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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WALTER JAMES Mathis

(a) Residence, No. 2302 Murphy 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 Rosie Lee Mathis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 5 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Sebastian Co. Arkansas

FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER 15. MAIDEN NAME Sofrona Jane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT J E Mathis
(ADDRESS) Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem DATE April 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lanpher Mortuary
Joplin Mo

20. FILED 4-5-39 Edw. J. Smith
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1939

I HEREBY CERTIFY, that I attended deceased from Apr 25, 1939 to April 4, 1939

I last saw him alive on Apr 4, 1939. Death is said to have occurred on the date stated above, at 4 A. M.

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

Pulmonary Hemorrhage
Pulmonary Tuberculosis

Other contributory causes of importance: 73

Name of operation Chin Date of 10
What test confirmed diagnosis? 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. H. Ireland, M. D.
(Address) Joplin Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1121

Date Filed MAY 15 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, or by.....

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

Signed F. M. Jones

Licensed Embalmer No. 2319

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.