

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

39900
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 408
 (b) Township Carthage, Mo. Primary Registration District No. 3020 Registered No. 221
 (c) City Carthage, Mo. (d) Street No. McCuna-Brooks Hosp 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Martin Lawler
 (a) Residence, No. 500 E. 4th St. 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 7 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown
 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) Ind.

FATHER 13. NAME Michael Lawler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Mackler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mr. W. A. Lawler
517 Gray St. Joplin, Mo.

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) Park Cemetery DATE 11-25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ulmer Funeral Home
Carthage, Mo.

20. FILED Nov. 24 1939 E. J. McEntire, M.D.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-19 to 11-23, 1939

I last saw him live on Nov. 24, 1939. Death is said to have occurred on the date stated above, at 11:45 a.m. 11/20/39
 The principal cause of death and related causes of importance were as follows:

Carbolic Acid
poison - self
administered
suicide
 Date of onset 11/20

Other contributory causes of importance:
Mentally deranged

Name of operation none Date of 11/23
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide suicide Date of injury 11/20/39
 Where did injury occur? Carthage, Jasper Co., Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Carbolic Acid Poison
 Nature of injury Suicide

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None
 (Signed) A. J. Winchester, Coroner, M. D.
 (Address) Joplin, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2588

Date Filed DEC 13 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..... *E. J. Williams*.....
Licensed Embalmer No. 2222
P. O. Address.....

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.