JUL 13 1935

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

Do not use this space.

20138

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. 412 N. Gray St. Ward)

2. FULL NAME Wesley V. Pickens
(a) Residence, No. 412 N. Gray St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Francis Pickens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 1893
7. AGE YEARS 41 MONTHS 7 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Smelty
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker
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) Lawrence Kansas

FATHER
13. NAME O. H. Pickens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER
15. MAIDEN NAME Carrie Wakefield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Francis Pickens Joplin Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Fairview Cem DATE 6-29-35
19. UNDERTAKER (ADDRESS) Hurlbut Und Co Joplin Mo
20. FILED 6-28 1935 Ed E Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27-35

22. I HEREBY CERTIFY, That I attended deceased from July 28 1934 to June 27 1935
I last saw him alive on 6-27 1935. Death is said to have occurred on the date stated above, at 10 m 30 AM
The principal cause of death and related causes of importance were as follows:
Chronic Lead Poison — Date of onset
Other contributory causes of importance: Colitis
Name of operation none Date of ✓
What test confirmed diagnosis? Clinical 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? yes
If so, specify Smelter man
(Signed) A. A. Winchester 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.

JUL 11 1945