

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

Do not use this space.

37127

1. PLACE OF DEATH

County Lawson
Township Lawson
City Lawson

Registration District No. 399
Primary Registration District No. 100

File No. AP 78
Registered No. 8778
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 7704 Summit Ward 3
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 17 - 1869

7. AGE YEARS 65 MONTHS 9 DAYS 9 If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED Pressman
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) 19 years Star Journal
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas Martin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Janey Colligan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Miss Annie Martin
(Address) 7704 Summit

15. FILED 11/27, 28 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26 19 28

17. Deputy Coroner
I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY Chronic Interstitial Nephritis
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1529 W
IF NOT AT PLACE OF DEATH, (duration) yrs. mos. da.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Chas. E. Shephard, M. D.

21. 11/27, 1928 (Address) Deputy Coroner

22. State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

23. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. St. Marys DATE OF BURIAL 1/28 19 28

24. UNDERTAKER F. O'Donnell Co ADDRESS 371/2 Main

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.

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