

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

Do not use this space.

33830

4222

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Haw Primary Registration District No. 22nd + Blue Ridge
City R.C. Mo. (No. 22nd + Blue Ridge) St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Harry Martin
(a) Residence. No. 22nd + Blue Ridge Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21 - 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>54</u>	<u>5</u>	<u>22</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Walter
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Michigan

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Louisa Williams
(Address) 2307 East 17

15. FILED 10/16/29 M. M. Crowe
REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-13 1929

17. I HEREBY CERTIFY, That I attended deceased from 9-22-29 to 10-13-29 that I last saw him alive on 10-13-29 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Thrombosis
5/12/13
18-7/13
11/11 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Anemia & General debility (SECONDARY) (duration) _____ yrs. 2 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF 10-12-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical findings
(Signed) L. A. Mack M. D.
10/19, 1929 (Address) 815 Mt. Lee

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Washington DATE OF BURIAL 10-17 1929

20. UNDERTAKER O. V. Mack ADDRESS KC 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.

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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.

1 PLACE OF DEATH

County
Township
or
Village
or
City (NO. St. Ward)

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

REGISTRARS SHALL NOT RECEIVE
A FEE FOR CERTIFICATES UNTIL THEY
ARE COMPLETED AS PRESCRIBED BY
LAW

Registration District No. File No.
Primary Registration District No. Registered No. 4282

2 FULL NAME Henry Martin

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
6 DATE OF BIRTH (Month) (Day) 1. (Year)		
7 AGE	If LESS than 1 day, hrs. or min.? yrs. mos. ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country)		
PARENTS	10 NAME OF FATHER	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country)	
	12 MAIDEN NAME OF MOTHER	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 13th 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191..... to 191.....
that I last saw h..... alive on 191.....
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Pulmonary Thrombosis
(Chronic Appendicitis
and Cholecystitis)

(Duration) yrs. mos. ds.
CONTRIBUTORY Anemia & General Debility
(Secondary) (Duration) yrs. mos. ds.
Signed L. A. Marty M. D.
191..... (Address) 815 W. 2nd St.

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence.....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
..... 191.....

15 Filed 10/16 1912 29 M. M. Crowe
Registrar

20 UNDERTAKER ADDRESS

Original file, date. Jan 20 1930

All information called for must be written on this Supplementary Certif

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples; (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Example: *Cerebrospinal fever* (the only definite synonym "Epidemic cerebrospinal meningitis"); *Diphth* (avoid use of "Croup"); *Typhoid fever* (never reject "Typhoid pneumonia"); *Lobar pneumonia*; *Bron pneumonia* ("Pneumonia," unqualified, is indefin-

Tuberculosis of lungs, meninges, or
Carcinoma, Sarcoma, etc. of
origin; "Cancer" is less definite; avoid
for malignant neoplasms); *Measles*;
Chronic valvular heart disease; *Ch*
nephritis, etc. The contributory (see
current) affection need not be stated u
Example: *Measles* (disease causing
Bronchopneumonia (secondary), 10 da
mere symptoms or terminal cond
"Asthenia," "Anaemia" (merely symp
phy," "Collapse," "Coma," "Conv
bility" ("Congenital," "Senile," e
"Exhaustion," "Heart failure,"
"Inanition," "Marasmus," "Old
"Uraemia," "Weakness," etc., when
ease can be ascertained as the cause.
all diseases resulting from childbirth
as "PUERPERAL septichaemia," "Pu
nitis," etc. State cause for which su
was undertaken. FOR VIOLENT DEATH
OF INJURY and qualify as ACCIDENT;
HOMICIDAL, or as *probably* such, if in
termine definitely. Examples: *Accid*
Struck by railway train—accident; *Re*
head—homicide; *Poisoned by carbolic*
suicide. The nature of the injury,
skull, and consequences (e. g., *sepsis*,
stated under the head of "Contribut
mendations on statement of cause of
by Committee on Nomenclature of
Medical Association.)

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