

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

Do not use this space.

16395

1. PLACE OF DEATH

County Jackson
Township N. W.
City N. E. Mo.

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 2304 St. Ward)

2. FULL NAME

Walter N. Martin
(a) Residence, No. 313 Myrtle St., 10 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 Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-31-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 7 0

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Barber 117A
(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) Kansas

10. NAME OF FATHER Daniel Martin

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

12. MAIDEN NAME OF MOTHER Emanda Sutton

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

14. INFORMANT (Address) Mrs. Effie Martin 313 Myrtle Ave

15. FILED 6/1, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-31-1930

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1930 to May 31, 1930 that I last saw him alive on May 31, 1930 and that death occurred, on the date stated above, at 1:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:-

Gastric Ulcer with Perforation
unknown (duration) yrs. mos. ds.

CONTRIBUTORY Shock (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WHAT TEST CONFIRMED DIAGNOSIS Clinical
WAS THERE AN AUTOPSY? no
(Signed) Fred H. Hark, M. D.

6/1, 1930 (Address) 11010 Chambers Bldg
*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 Calhoun, Mo. DATE OF BURIAL 6-3-1930

20. UNDERTAKER Mrs. C. L. Foster ADDRESS N. E. 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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