SEP 25 1930

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

Do not use this space.

27154

1. PLACE OF DEATH
County Laclede
Township
City Lebanon (No. ..... St. ..... Ward)

Registration District No. 449
Primary Registration District No. 4267

File No.
Registered No. 1582

2. FULL NAME Martin D. Vernon

(a) Residence. No. ..... St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W.	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 28-1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	49	4	25	

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

9. BIRTHPLACE (CITY OR TOWN) Laclede Co.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Martin Vernon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Laclede Co. MO
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Martha Richardson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Laclede Co. MO
(STATE OR COUNTRY)

14. INFORMANT E. Clinckenbeard
(Address) Lebanon Mo.

15. FILED Aug 23, 1930 J. W. Bellamy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 to Aug 22 1930 that I last saw him alive on Aug 22 1930 and that death occurred, on the date stated above, at 1:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer Rectum
46D
45 (duration) ..... yrs. 8 mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Made artificial 1 areas in left side
WAS THERE AN AUTOPSY? Examined sight and microscopic
WHAT TEST CONFIRMED DIAGNOSIS? Examined sight
(Signed) T. J. Cooley M. D.
, 19 (Address) Dearborn MO

*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	DATE OF BURIAL
Lebanon Mo	8/24 1930
20. UNDERTAKER	ADDRESS
Palmer	Lebanon 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.