

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

Do not use this space.

28072

1. PLACE OF DEATH

County Grundy Registration District No. 330
Township _____ Primary Registration District No. 3017
City Trenton (No. 415 . 6 9) _____ St. _____ Ward _____

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

2. FULL NAME

Thomas Martin
(a) Residence, No. Bethany, Mo. 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. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rachel Martin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 17, 1846</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>10</u>
	DAYS <u>18</u>	if LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>(Retired)</u>	
	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) <u>Ohio</u>		
FATHER	13. NAME <u>Marion M. Martin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Eliza Cadry</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Eliza Phillips</u> <u>New Hampton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shawnee</u> DATE <u>Aug 30, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Green & Clark</u> <u>Trenton, Mo.</u>		
20. FILED <u>29 Aug, 1931</u> <u>E. A. Ruffly</u> Registrar		

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1931 to Aug 29, 1931
I last saw him alive on Aug 29, 1931. Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:
Post Anesthetic Pneumonia Date of onset Aug 27/31
(22)
Other contributory causes of importance: Strangulated Hernia Aug 26/31

23. Name of operation Herniostomy Date of Aug 26, 1931
What test confirmed diagnosis? Phys. findings Was there an autopsy? No

24. 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? No
If so, specify _____
(Signed) H. H. Mason _____, M. D.
(Address) Trenton, Mo.

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.

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