

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

Do not use this space.

40885

1. PLACE OF DEATH

County Jackson
Township Kaw
City R. P. No. 2610, Smart

Registration District No. 334
Primary Registration District No. 904

File No. _____
Registered No. 1871
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2610 Smart St., X Ward.

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19-1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	79	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building
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) West Virginia

13. NAME David Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John W. Martin (ADDRESS) 1215 White, av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. Wash DATE 12-8-31

19. UNDERTAKER Wm. C. P. Forster (ADDRESS) 918 Brooklyn av.

20. FILED 12-7-1931 M. M. Croome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 4 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1931, to Dec 4 1931

I last saw him alive on Dec 4 1931. Death is said to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Bronchial Date of onset _____

107A

112

1070

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. 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?

If so, specify _____

(Signed) J. Hall M. D.

107A (Address) Wm. C. P. Forster Bldg

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.

332 Hemmington
Be - 0338 ←

~~Pathways~~ - 1 floor Keim
Yi - 0984
~~6437 Main St - 4993~~

- 4 pm

~~3037 - 4/20/2000~~
Kennon
~~Be-0338~~

901 Walnut