

DEC 18 1936

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

Do not use this space.

40602

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 120
Township Ward Primary Registration District No. 3009
City Ward (No. Prisons add)

File No. _____
Registered No. 406
St. _____ Ward _____

2. FULL NAME

Paul J. Martin

(a) Residence, No. Prisons add St. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 4 - 1917</u>		
7. AGE	YEARS <u>19</u>	MONTHS <u>0</u>
	DAYS <u>24</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>Laborer</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Duteptown Mo.</u>		
FATHER	13. NAME <u>Joseph P. Martin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kelso. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Lena Martin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Hamburg Mo.</u>	
17. INFORMANT (ADDRESS) <u>Joseph P. Martin Cape Girardeau Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Witchtown</u>	DATE <u>Dec 1st 1936</u>	
19. UNDERTAKER (ADDRESS) <u>Walters Und. Soc. Cape Girardeau Mo.</u>		
20. FILED <u>1-28-36</u>	<u>J. M. Thompson Registrar</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1936, to Nov 28 1936
I last saw him alive on Nov 28 1936. Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:
Pneumonia

Other contributory causes of importance:
✓

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? No
If so, specify _____
(Signed) Arthur J. Regan, M. D.
(Address) Cape Girardeau 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.

