

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.

REC'D JUN 8 1939

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

Do not use this space.

17435

1. PLACE OF DEATH

County Jackson Registration District No. 395
Township KAW Primary Registration District No. 1002
City Kansas City, Mo. (No. 3501 E. 9th St.) St. _____ Ward _____

File No. _____
Registered No. 1837
St. _____ Ward _____

2. FULL NAME Willis Earnest Martin

(a) Residence, No. 3501 E. 9th St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/9/1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 1 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Ill.

MOTHER 13. NAME Willis Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. Earnest Martin
(ADDRESS) 1422 Bellfountain - K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 5/3/1939 Floral Hills DATE 5/3/1939, 1939

19. UNDERTAKER Sheil Funeral Home
(ADDRESS) 6606 Indep. Ave., City

20. FILED May 2 1939 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/29/39, 1939

22. I HEREBY CERTIFY That I attended deceased from _____, 19____

I last saw him _____ alive on _____ Death is said to have occurred on the date stated above, at _____

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

Asphyxia by smoke Date of onset _____

Other contributory causes of importance: 180
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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 4/29/39
Where did injury occur? 3501 E. 9th St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Asphyxiated in burning building
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) M. M. Brown _____, M. D.
(Address) _____

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