

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.

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

24852
Do not use this space.

3065

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Lawrence City Primary Registration District No. 1002 Registered No. 3065
(c) City Lawrence City (d) Street No. 3508 Broadway St.
(All death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred (1) yrs. (2) mos. (3) ds. (f) How long in U.S. for foreign birth? yrs. mos. da.

2. PRINT FULL NAME Edward Lawrence Martin
(a) Residence, No. 3508 Broadway St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1939

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

22. I HEREBY CERTIFY That I attended deceased from Lawrence, Mo. 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4-1885

I last saw him alive on July 29 1939 Death is said to have occurred on the date stated above, at 5:30 PM.

7. AGE YEARS 54 MONTHS 4 DAYS 26 If LESS than 1 day, hrs. min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

Rheumatic heart disease
Mitral insufficiency of 2nd
Pulmonary congestion

FATHER 13. NAME John Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Mary Cassidy

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

17. INFORMANT (ADDRESS) Mrs. Nona Martin
3508 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Marys 8/3/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Donnell
375 1/2 Broadway

20. FILED 7-31 1939 M.M. Crow Local Registrar.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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.....

Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Edward L. Martin, M. D.

(Address) Gen. Hosp., St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.