

DEC 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County De Kalb Registration District No. 258
Township Washington Primary Registration District No. 415-7
City Clarksdale (No. _____) St. _____ Ward _____

File No. 41123
Registered No. 11

2. FULL NAME

John W. Martin
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7- 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 11-6- 1937, to 11-6- 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw ~~him~~ alive on Nov. 6, 1937. Death is said to have occurred on the date stated above, at 2. 6 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 73

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

Fulminating Pneumonia Date of onset 11/5-37

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

Other contributory causes of importance: Emphysema 1936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale Ms.

13. NAME unknown

Name of operation _____ Date of _____

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

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

15. MAIDEN NAME unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Elba Martin De Kalb Ms.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksdale DATE 11/9 1937

Manner of injury _____

19. UNDERTAKER (ADDRESS) John G. Brown Clarksdale Ms.

Nature of injury _____

20. FILED 12/8 1937 Miss C. M. Davis Registrar.

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

If so, specify _____

(Signed) O. L. Purvis, M. D.
(Address) Clarksdale Ms.

Exact statement of OCCUPATION is very important.

