

PLACE OF DEATH

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

County _____

Township _____

or

Village _____

or

City sl _____Registration District No. 791File No. 33276Primary Registration District No. 1003Registered No. 8789(NO. Christian Hosp St. 76 Ward)

: (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Wm P. Martin

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX MaleCOLOR OR RACE WhiteSINGLE
MARRIED Married
WIDOWED
OR DIVORCED
(Write the word)DATE OF DEATH Sept 27, 1911

(Month)

(Day)

(Year)

DATE OF BIRTH July 18, 1860

(Month)

(Day)

(Year)

AGE 51 yrs. 2 mos. 11 ds.If LESS than
1 day, ____ hrs.
or ____ min.?I HEREBY CERTIFY, that I attended deceased from Sept 20, 1911, to Sept 27, 1911, that I last saw him alive on Sept 27, 1911, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

136A Uræmia132A132B132C132D132E132F132G132H132I132J132K132L132M132N132O132P132Q(Duration) ____ yrs. ____ mos. 2 ds.Contributory Inferior vena cava thrombosis

(SECONDARY)

(Duration) 36 yrs. 7 mos. 10 ds.(Signed) L C M Elwell M. D.9/28 1911 (Address) 1221 N. Grand

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. 7 ds. In the State ____ yrs. ____ mos. ____ ds.Where was disease contracted 36 Holland Terrace
If not at place of death? sl Louis County

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Beechmontaine CemDATE OF BURIAL 9/29 1911UNDERTAKER Abell 727 N. Kingshighway

ADDRESS _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Emma Martin(ADDRESS) 36 Holland TerraceFiled SEP 23 1911

1911

Max C. Stackloff

REGISTERED

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*; etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County _____ Registration District No. 791 File No. _____
 Township _____ or _____ Village _____ or _____ City St. Louis (NO. _____ St.; _____ Ward) Registered No. 8769

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Wm. P. Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)
DATE OF BIRTH <u>7-18</u> , 19 <u>18</u> (Month) (Day) (Year)		
AGE <u>57</u> yrs. <u>7</u> mos. <u>11</u> ds.		IF LESS than 1 day, ____ hrs. or ____ min. 2
OCCUPATION (a) Trade, profession, or particular kind of work <u>House Painter</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Ky</u>		
PARENTS	NAME OF FATHER <u>Jno. P. Martin</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ky</u>	
	MAIDEN NAME OF MOTHER <u>Esther Lawrence</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ky</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
9-27, 1918
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1918, to 9-27, 1918,
 that I last saw him alive on 9-27, 1918,
 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

trauma
acute
(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY)
degenerative cerebral
(Duration) ____ yrs. 4 mos. 10 ds.

(Signed) Ed M. Elwee M. D.
9/28, 1918 (Address) 1227 N. Grand

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. 7 ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted
if not at place of death St. Louis, Tenn

Former or usual residence St. Louis, Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Emma Martin(ADDRESS) 36 Highwood TerraceFiled Nov. 8, 1918 G. G. Anodgral

REGISTRAR

PLACE OF BURIAL OR REMOVAL
Bellevue Cem.DATE OF BURIAL
9/28, 1918

UNDERTAKER

ADDRESS

Ed. Elwee 727 N. Key HighwayOriginal file, date 9-28, 1918

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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33270
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