

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

PLACE OF DEATH

County Bollinger

Township Louise

or

Village

or

City

Registration District No. 1026

File No. 1033308

Primary Registration District No. 5102D

Registered No. 12

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

FULL NAME

George Monroe Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

DATE OF BIRTH September 1, 1890
(Month) (Day) (Year)

AGE 23 yrs. 2 mos. 2 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 1026

BIRTHPLACE (City or town, State or foreign country) St Genevieve Mo.

PARENTS
NAME OF FATHER G. E. Martin
BIRTHPLACE OF FATHER (City or town, State or foreign country) Berry Mo.
MAIDEN NAME OF MOTHER A. Hanks
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Cape Girardeau Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G. Martin

(ADDRESS) Grassy Mo.

Filed Dec 6 1912 J. N. Kish REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 30, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Oct 30, 1912, to Oct 30, 1912, that I last saw him alive on Oct 30, 1912, and that death occurred, on the date stated above, at 3 P.m.

The CAUSE OF DEATH* was as follows:
Cholera morbus
120B and followed onto a 38° case of malaria
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Webster Duguet M. D.
1912 (Address) Glen Allen, Mo.

*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. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Mc Gee Chapel DATE OF BURIAL Nov. 1, 1912

UNDERTAKER + ADDRESS +

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

ED FOR BINDING

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*, *Compositor*, *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*, *peritonaeum*, 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.)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

MARGIN RESERVE NK—THIS IS A PERMANENT RECORD

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PLACE OF DEATH
 County Bollinger
 Township Lorance
 or
 Village _____
 or
 City _____ (NO. _____ St.: _____ Ward _____)

Registration District No. 1026 File No. _____
 Primary Registration District No. 5102 W Registered No. 12

FULL NAME George Monroe Martin

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

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>single</u> (Write the word)	DATE OF DEATH <u>Oct. 30</u> 191 <u>2</u> (Month) (Day) (Year)			
DATE OF BIRTH <u>Sept. 1</u> 189 <u>0</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Oct. 30</u> , 191 <u>2</u> , to <u>Oct. 30</u> , 191 <u>2</u> , that I last saw him alive on <u>Oct. 30</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>3p.</u> m.			
AGE <u>23</u> yrs. <u>2</u> mos. <u></u> ds.	IF LESS than 1 day, ___ hrs. or ___ min.?		The CAUSE OF DEATH* was as follows: <u>Cholera morbus and followed by a case of malaria</u>			
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)			(Duration) ___ yrs. ___ mos. ___ ds.			
BIRTHPLACE (City or town, State or foreign country) <u>Ste Genevieve Co.</u>			Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.			
PARENTS	NAME OF FATHER <u>G. L. Martin</u>		(Signed) <u>Webster Navault</u> M. D. <u>Oct. 30</u> , 191 <u>2</u> (Address) <u>Glen Allen Mo.</u>			
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Berry Co.</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
	MAIDEN NAME OF MOTHER <u>S. Hawkins</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Coffey Co. Penn.</u>		At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE						
(Informant) _____			Where was disease contracted if not at place of death? Former or usual residence.			
(ADDRESS) <u>Grassy, Mo.</u>			PLACE OF BURIAL OR REMOVAL <u>Mc Gee Chapel</u>			
Filed <u>Nov. 15</u> 191 <u>2</u> <u>J. H. Kirk</u> REGISTRAR			DATE OF BURIAL <u>Nov. 1</u> 191 <u>2</u>			
			UNDERTAKER <u>J. A. Berry</u>			
			ADDRESS <u>Glen Allen Mo.</u>			

V. S. No. 2.

Revised United States Standard Certificate of Death

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

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