

1 PLACE OF DEATH

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

County

Township

or

Village

or

City

Registration District No. 791

File No. 8416

Primary Registration District No. 1003

Registered No. 2308

St. Louis (No. 107, So. 10th St. 6 Ward)

2 FULL NAME

Andrew 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

3 SEX

male

4 COLOR OR RACE

Cald.

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(Write the word)

married

6 DATE OF BIRTH

Jan. 22 1877
(Month) (Day) (Year)

7 AGE

40 yrs. 1 mos. 4 ds.

If LESS than

1 day.....hrs.

or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry business, or establishment in which employed (or employer)

Day

9 BIRTHPLACE

(City or town, State or foreign country)

Tenn

10 NAME OF FATHER

Thomas Martin

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Tenn

12 MAIDEN NAME OF MOTHER

Julia Richardson

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Massie Martin

(Address)

1228 Spruce

15

Filed

1917

May 6 Blarloff

Registrar

16 DATE OF DEATH

Feb. 26 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from

Feb. 20, 1917, to Feb. 26, 1917.

that I last saw him alive on Feb. 20, 1917.

and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

CONTRIBUTORY

(Secondary)

(Duration)..... yrs..... mos..... ds.

(Signed) E. J. Munson M. D.

Feb. 26, 1917 (Address) 731 S. Broadway

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

18 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.....

19 PLACE OF BURIAL OR REMOVAL

Greenwood

DATE OF BURIAL

Mar. 1, 1917

20 UNDERTAKER

Harison M. Kim

ADDRESS

2906 Lawton

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.

