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

Do not use this space.

21449

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kan — Primary Registration District No. 1002
City Kansas City (General Hospital St. Ward)

File No.
Registered No. 21449

2. FULL NAME Martell John
(a) Residence. No. 1611 Baltimore St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Mary Martell

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

7. AGE: 55 Years about — Months — Days — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Restaurant Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER Wm Martell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Canada
12. MAIDEN NAME OF MOTHER Sophia Willmot
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Michigan

14. INFORMANT Record Clerk
(Address) K.C. Gen'l Hosp

15. FILED 7/14, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-13 1927

17. I HEREBY CERTIFY, That I attended deceased from 7-12, 1927, to 7-13, 1927 that I last saw him alive on 7-13, 1927, and that death occurred, on the date stated above, at 4:55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic endocarditis

92H (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) George C. Lee, M. D
7/14, 1927 (Address) General Hosp K.C. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Marys Kans. — DATE OF BURIAL: 7-15 1927

20. UNDERTAKER: O. V. Mast — ADDRESS: 1915 E. 15

WRITE PLAINLY, WITH UNFADING INK

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.