

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

Do not use this space.

29605

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. 1011 Mitchell Avenue, _____ St. _____ Ward)

File No. _____
Registered No. 1067
St. _____ Ward

2. FULL NAME John Albert Martin,

(a) Residence. No. 1011 Mitchell Ave. St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Frances Martin,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 12, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	65	0	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Restaurant proprietor
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) Mason County,
(STATE OR COUNTRY) Illinois.

10. NAME OF FATHER Nathan Martin,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Covington,
(STATE OR COUNTRY) Kentucky,

12. MAIDEN NAME OF MOTHER Roda Ferguson,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Covington,
(STATE OR COUNTRY) Kentucky,

14. INFORMANT Mrs. J. A. Marxin
1011 Mitchell Avenue.

15. FILED 17 1927 John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 17 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1927, to Oct. 17, 1927 that I last saw him alive on Oct. 17, 1927, and that death occurred, on the date stated above, at 1:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

ulceration of Stomach + Duodenum
117A
117B
CONTRIBUTORY (SECONDARY) HIA

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

18 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical.

(Signed) J. De W. M. D.

Oct. 17, 1927 (Address) St. Joseph 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 Mount Auburn Cemetery DATE OF BURIAL Oct. 18, 1927

20. UNDERTAKER Heaton Beyer, Undertaker ADDRESS 315 S. 10 St.

by J. W. Stanley

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.

