FEB 24 1928

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

Do not use this space.

3724

1. PLACE OF DEATH
County: Stoddard — Registration District No. 834
Township: Lib Lesbon — Primary Registration District No. 6103
City: ~~Bloomfield~~ R#1 (No. ..... St. ..... Ward)

File No. .....
Registered No. 2

2. FULL NAME: J. H. Martin

(a) Residence (Usual place of abode): No. ..... St., ... Ward. ..... (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... 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~~: Mra Martin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 26, 1863

7. AGE: Years 64 | Months 7 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Tenn.

PARENTS

10. NAME OF FATHER: Henry Martin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Mich.

12. MAIDEN NAME OF MOTHER: Mary Eaton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Tenn.

14. INFORMANT: Robt Langston
(Address) Bloomfield R.4.

15. FILED 2/9 1928 — D. McKeandy, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 4th 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 4th 1928, to Jan 4th 1928, that I last saw h... alive on Jan 4th 1928, and that death occurred, on the date stated above, at 6:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
23H
108
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Pulmonary Tuberculosis
(duration) 7 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF 8
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) S. S. Davis, M. D.
2-8, 1928 (Address) Bloomfield 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: Zion Cemetary Mo — DATE OF BURIAL: 1-4 1928

20. UNDERTAKER: J. A. Chilton — ADDRESS: Bloomfield Mo

NOTE: 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.