MAR 16 1928

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

Do not use this space.

File No. 4137

Registered No. 235

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: St Joseph — Primary Registration District No. 1001

City: St Joseph (No. ..... St. ..... Ward)

2. FULL NAME: Martin Oriebe

(a) Residence. No. 614 No 4th St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 56 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: WH

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 4 1843

7. AGE: Years 84 | Months 6 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Harness Maker

(b) General nature of industry, business, or establishment in which employed (or employer): No

(c) Name of employer: Retired 10 yrs

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: ~~Geo Martin~~

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

12. MAIDEN NAME OF MOTHER: Bonneman

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

14. INFORMANT: Bertha Oriebe
(Address): 614 No 4th St

15. FILED FEB 24 1928, 19..... John P. Ott, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 22 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-20, 1928, to 2-22, 1928, that I last saw him alive on 2-22, 1928, and that death occurred, on the date stated above, at 10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia
109A
97 (duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) 10 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? 10 A
IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) E. A. Gemming, M. D.

2/25, 1928 (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: Mt Mora Cem.

DATE OF BURIAL: 7/25 1928

20. UNDERTAKER: J. Bierley

ADDRESS: 2100 Ind

Be sure 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.