

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

Do not use this space.

10533

**1. PLACE OF DEATH**

County St. Louis  
Township Carondelet  
City North (No. ....)

Registration District No. 1123  
Primary Registration District No. 6248 B

File No. ....  
Registered No. 93  
St. .... Ward

**2. FULL NAME**

Everett Martin  
(a) Residence. No. 1447 N. Broadway St. .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred X yrs. 10 mos. 8 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 Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED  
—HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1-1887

7. AGE YEARS MONTHS DAYS IF LESS than 2 day, hrs. or min.  
46. | 2 | 21 | —

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER James Martin

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

12. MAIDEN NAME OF MOTHER Laura Biggs

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

14. INFORMANT Rock Hospital  
(Address) Rock, Mo.

15. McNeil & L.C. Brock  
FILED 19... REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1927, to May 22, 1928  
that I last saw him alive on May 22, 19... and that death occurred, on the date stated above, at 1130 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulm. Tuberculosis  
23A  
27A 31  
about (duration) 1 yrs. 3 mos. X ds.  
CONTRIBUTORY Tuberculous wrist  
(SECONDARY)  
about (duration) 1 yrs. 3 mos. X ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Unknown

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

20. WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? X-ray: Apertum.  
(Signed) Chas. J. Rowe, M. D.  
3/20, 1928 (Address) Rock Hosp.

\*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. James Mo DATE OF BURIAL March 28 1928

20. UNDER-TAKER Henry Heier ADDRESS 2228 S. Grand

WHILE IN PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 28 1928

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.

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