

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

Do not use this space.

16901

**1. PLACE OF DEATH**

County Henry Registration District No. 355  
 Township Davis Primary Registration District No. 5497  
 City Clinton (No. 730) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 4

**2. FULL NAME** E. H. Martel Chas. H. Martel  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (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** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married  
(write the word)

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** E. H. Martel  
E. H. Martel

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Oct 25 1852

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 6 20

**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)** Lafayette  
Hennepin

**10. NAME OF FATHER** Frederick Martel

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Lafayette  
Hennepin

**12. MAIDEN NAME OF MOTHER** Witchell

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Lafayette  
Hennepin

**14. INFORMANT (Address)** E. W. Martel  
Clinton, Mo.

**15. FILED** 5-17-28 Dr. W. E. Baggerly REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 15 1928

**17. I HEREBY CERTIFY**, That I attended deceased from May 27 1928, to May 12 1928, and that I last saw him alive on May 21 1928, and that death occurred, on the date stated above, at 8:22 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Cardiac Nechypa  
caused by mitral  
Regurgitation  
caused by  
CONTRIBUTORS (SECONDARY) how many

**18. WHERE WAS DISEASE CONTRACTED** \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

**DID AN OPERATION PRECEDE DEATH** no DATE OF \_\_\_\_\_  
**WAS THERE AN AUTOPSY** no

**WHAT TEST CONFIRMED DIAGNOSIS** \_\_\_\_\_  
 (Signed) J. M. Allen M. D.  
5-17, 1928 (Address) Clinton 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** Clinton **DATE OF BURIAL** 5-17 1928

**20. UNDERTAKER** Simons Wilkinsay & Co. ADDRESS Clinton Mo.

Mr. 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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