

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 7911

Township.....

Primary Registration District No. 2008

City.....

(No. Jewish Hospital)

File No. 22374

Registered No. 6569

St. ....

Ward) .....

2. FULL NAME

(a) Residence. No. 2016a O'Bear St.,

(Usual place of abode)

Ward. 7

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

Yrs.

mos.

da.

How long in U.S., if of foreign birth?

Yrs.

mos.

da.

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

Elva Martin

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

Oct - 27 - 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

65

7

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

Retired

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Arkansas

10. NAME OF FATHER

James Martin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Arkansas

12. MAIDEN NAME OF MOTHER

Dorcas Walker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Arkansas

14.

INFORMANT (Address)

Elva Martin  
2016a O'Bear Ave

15.

FILED

22 1928

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

June 21 - 1928

17.

I HEREBY CERTIFY That I attended deceased from 8 a.m.

June 20, 1928, to death 1928  
that I last saw him alive on June 20, 10 p.m., 1928, and that death occurred, on the date stated above, at 2:50 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis acute suff. left  
abuse Extra mural heart

CONTRIBUTORY (SECONDARY)

about 2 mos. chronic myocarditis

18. WHERE WAS DISEASE CONTRACTED

IN NOT AT PLACE OF DEATH?

Did AN OPERATION PRECEDE DEATH? yes DATE OF June 20, 5 p.m.

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Arthur M. Alder, M.D.

. 19 (Address) 537 Iris w Bldg.

\*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

DATE OF BURIAL

16-24-28

20. UNDERTAKER

ADDRESS

Petz Bros. 3029 Lafayette

