

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

Do not use this space.

1558

**1. PLACE OF DEATH**

County Jackson  
Township Union  
City Kansas City (No. \_\_\_\_\_)

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1558  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Fred L. Martin

(a) Residence, No. 601 Nebraska 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. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|                    |                                  |   |
|--------------------|----------------------------------|---|
| 3. SEX<br><u>7</u> | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>single</u> |
|--------------------|----------------------------------|---|

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5-1928

|        |          |          |          |                                  |
|--------|----------|----------|----------|----------------------------------|
| 7. AGE | YEARS    | MONTHS   | DAYS     | IF LESS than 1 day, hrs. or min. |
|        | <u>4</u> | <u>6</u> | <u>0</u> |                                  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kansas City  
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Fred Martin

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

12. MAIDEN NAME OF MOTHER Leta Leota Hutchins

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

14. INFORMANT Fred L. Martin  
(Address) 601 Nebraska

15. FILED 1-12-29 M. M. Curran  
asst REGISTRAR

2

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 11 19 29

17. I HEREBY CERTIFY, That I attended deceased from December 26, 1928, to January 11, 1929.  
that I last saw h.p.m. alive on January 11, 1929, and that death occurred, on the date stated above, at 2:55 A.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

10-11 broncho-pneumonia  
99A Intestinal

CONTRIBUTORY (SECONDARY) mid ear infection  
(duration) yrs. mos. ds. 14

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physic Exam.

(Signed) H. F. Berger, M. D.

"/12, 19 29 (Address) Federal Reserve

\*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 Highland Park Cemetery DATE OF BURIAL Jan 14- 1929

20. UNDERTAKER Daniels Bros ADDRESS 644 Homag

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

