N 29 1929

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

Do not use this space.

13543

1. PLACE OF DEATH
County Stoddard
Township Duck Creek
City ..... No. ..... St. ..... Ward)

Registration District No. ..... File No. .....
Primary Registration District No. ..... Registered No. 35

2. FULL NAME Josephus L. Martin
(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 M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-17 Dont know
7. AGE 40 YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 0
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Dudley
(STATE OR COUNTRY) Mo.
PARENTS
10. NAME OF FATHER Lymne Martin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Chester
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Mary A. Bornord
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. Dudley
(STATE OR COUNTRY)
14. INFORMANT Lymne Martin
(Address) Dudley
15. April 14, 1929 E L Hope
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-16 1929
17. I HEREBY CERTIFY, That I attended deceased from 3-15, 1929, to 3-16, 1929, that I last saw him alive on 3-16, 1929, and that death occurred, on the date stated above, at 9 - P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Croupous Pneumonia
10 d (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 1 d
..... (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) V L Greathouse, M. D
3-17, 1929 (Address) Fisk, 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 Dudley Cemetary
DATE OF BURIAL 3-17 1929
20. UNDERTAKER O. O. Biggs
ADDRESS Dexter Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Stoddard Registration District No. 840 File No.
Township Duck Creek Primary Registration District No. 6102 Registered No. 75
City (No. , St. Ward)

2. FULL NAME Joseph L. Martin
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-17 - Don't Know what year

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Don't Know

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

9. BIRTHPLACE (CITY OR TOWN) Dudly Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Lyman Martin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Chester Ill
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary A Barnard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dudly Mo
(STATE OR COUNTRY)

14. INFORMANT Lyman Martin
(Address) Dudly Mo

15. FILED April 14, 1929 E L Hope REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/16 1929

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1929 to March 16, 1929 that I last saw him alive on March 16, 1929 and that death occurred, on the date stated above, at 9 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Croupous Pneumonia
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) V L Grosthouse, M. D.
3-11, 1929 (Address) Fisk 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 Dudly Cemetery
DATE OF BURIAL 3-17 1929

20. UNDERTAKER C. O. Biggs
ADDRESS Dexter Mo

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-13543