

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

Do not use this space.

13923

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township Primary Registration District No. 1001
 City St. Joseph Mo. (No.) St. (Ward)

2. FULL NAME Richard Martini
 (a) Residence. No. 901-5-15 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 2-1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>67-</u>	<u>1</u>	<u>10</u>	

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

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

10. NAME OF FATHER Jack Martini

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

12. MAIDEN NAME OF MOTHER unknown

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

PARENTS

14. INFORMANT Robt. Martini
 Address 901-5-15 Springfield
 APR 15 1929

15. FILED 15 1929 REGISTRAR John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 13 April 1929

17. I HEREBY CERTIFY That I attended deceased from 8:00 AM, 1929, to 13 April, 1929, that I last saw him alive on 3 April, 1929, and that death occurred, on the date stated above, at 3:20 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease Chronic
Essential Hypertension
 (duration) yrs. mos. da. 6

CONTRIBUTORY (SECONDARY) None
 (duration) yrs. mos. da.

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) C. J. Stearns, M. D.
 Address 154 [Address] 908 [Address]

*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 City Cem DATE OF BURIAL Apr 15 1929

20. UNDERTAKER B. F. Graves ADDRESS 806-S-17th

WRITE PLAINLY, WITH UNFAADING 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.

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