

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

Do not use this space.

15811

1. PLACE OF DEATH

County St. Louis Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City (No. 9415 Central Ave.) St. _____ Ward _____

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Gilbert Eugene Martin
 (a) Residence No. 9415 Central St. _____ Ward _____
 (Usual place of abode)
 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 or (or) WIFE of Delia Martin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 24, 1903
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 1 0

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Robert L. Martin

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

12. MAIDEN NAME OF MOTHER Mattie Davis

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

14. INFORMANT Delia Martin
 (Address) 9415 Central Ave. St. Louis

15. FILED 4-25-29 O. M. Keith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 24 1929

17. I HEREBY CERTIFY That I attended deceased from Apr. 16 1929 to Apr. 24 1929 that I last saw him alive on Apr. 24, 1929 and that death occurred on the date stated above at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Spinal Meningitis
115H
79E

CONTRIBUTORY (SECONDARY) Streptococci of throat
 (duration) yrs. mos. da. 4 7

18. WHERE WAS DISEASE CONTRACTED? NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? J. L. Peckley M. D.
 (Signed) _____

Apr. 24 1929 (Address) Mo. Theatre 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 Bethany Cemetery Winfield Mo. DATE OF BURIAL April 25 1929

20. UNDERTAKER David L. Forbes ADDRESS Winfield Missouri

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.

MAY 29 1929

