

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

Do not use this space. 6

29955

**1. PLACE OF DEATH**

County Andrew

Registration District No. 13

Township Savannah

Primary Registration District No. 14010

City Savannah (No.     )

File No. 39

Registered No.     

St.      Ward     

**2. FULL NAME**

Woodford Martin mo

(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. 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)**

widowed

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

Clara Elizabeth Martin

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

Nov 30 - 1843

**7. AGE**

YEARS 85

MONTHS 9

DAYS 15

If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

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

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Andrew co

(STATE OR COUNTRY)

**10. NAME OF FATHER**

Elizah B. Martin

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Woodford

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Sarah

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Kentucky

(STATE OR COUNTRY)

**14.**

INFORMANT Joseph Martin

(Address) Savannah mo

**15.**

Filed 9-28-29

1929

REGISTRAR C. C. Breit

**MEDICAL CERTIFICATE OF DEATH**

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

Sept 15 - 1929

**17.**

I HEREBY CERTIFY That I attended deceased from Sept 15 1929 that I last saw h. Sept 15 1929 alive on Sept 15 1929, and that death occurred, on the date stated above, at 9:10 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:-

Angina Pectoris  
Myocarditis

(duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)**

Arterio Sclerosis

(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRIBUTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

Physician findings  
9/18, 1929 (Signed) C. C. Breit, M. D.  
(Address) Savannah

\*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**

Savannah mo

**DATE OF BURIAL**

9-18 1929

**20. UNDERTAKER**

C. C. Breit

**ADDRESS**

Savannah mo

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

229  
1929  
2

