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

Do not use this space.

30609

1. PLACE OF DEATH
County: Greene — Registration District No. 320 — File No. 12
Township: — Primary Registration District No. 5443 — Registered No.
City: Springfield (No. Rural Route in Ambulance St. Ward)

2. FULL NAME: Efraim Martinez
(a) Residence. No. St., Ward. Sanantonio Texas
(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: Male
4. COLOR OR RACE: Mexican
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown
7. AGE: About — YEARS: 18 — MONTHS: 4 years — DAYS: — If LESS than 1 day, hrs. or min.
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) (STATE OR COUNTRY)
PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

No Data
died in ambulance
on U.S. Highway
#66 after being
found on Highway
unconscious.

14. INFORMANT (Address)
15. FILED 9-7 1929 Lucy E. Hoyal REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sep 4 1929
17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw him dead on Sep 4, 1929, and that death occurred, on the date stated above, at 4:15 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of Skull Accidental Struck by automobile while walking on highway.
9:10 M (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? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Norman C. Stone, Coroner, M.D.
Sep 6, 1929 (Address) Springfield, 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: Sanantonio Texas — DATE OF BURIAL: Sept 8 1929
20. UNDERTAKER: Alma Lohmeyer — ADDRESS: Springfield Mo

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.

262

31