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

Do not use this space.

1261

File No. .....
Registered No. 252

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kansas City Mo — Primary Registration District No. 1002
City Kansas City Mo (No. Aberdeen Hotel St. ..... Ward)

2. FULL NAME Edward F. Martin

(a) Residence. No. Corder Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 72			

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

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

PARENTS
10. NAME OF FATHER Presley Martin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not known
12. MAIDEN NAME OF MOTHER Lucy Hyde
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not known

14. INFORMANT L. J. Woodsome
(Address) 3422 Holmes St.

15. FILED 1/19, 1930 M. M. Grove
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1930, to Jan 19, 1930, that I last saw h. alive on Jan 19, 1930, and that death occurred, on the date stated above, at 8.50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chr. myocarditis
many (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Acute delirium
2 recent fracture of left hip
2 acc fall (duration) 2 yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? yes.
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Paul F. Hirt M. D.
1-19, 1930 (Address) 929 Rialto Bldg K.C. 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	DATE OF BURIAL
Corder Mo	Jan 19 1930
20. UNDERTAKER John W Wagner	ADDRESS 1409 Grand Ave

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD