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

Do not use this space.

4081

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File No.

Registered No. 148

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, (No. Noyes-Baptist Hospital St. Ward)
Registration District No. 1001
Primary Registration District No.

2. FULL NAME Benjamin - . Prentis Martin,

(a) Residence. No. St., Ward. Eagleville, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	55	Unk.	Unk.	

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

9. BIRTHPLACE (CITY OR TOWN) Harrison County,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER John Martin,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Indiana,
12. MAIDEN NAME OF MOTHER Elvira Kettle,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Frank G. Courner
(Address) Eagleville, Missouri.

15. FILED FEB 3 1930 19 John G. Ott SSC REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 2. 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1929, to Feby 2, 1930 that I last saw h. alive on Feby 1, 1930, and that death occurred, on the date stated above, at 4:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interstitial Nephritis
131 (chronic)
132 B
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uremia
(duration) yrs. mos. 7 ds.

18. WHERE DID 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? Laboratory
(Signed) H. S. Forgrave, M. D.
Feby 2. 1930 (Address) 520 Francis St Jopl

*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
Eagleville, Mo. via auto	Feb'y. 3, 1930
20. UNDERTAKER	**ADDRESS**
Heaton-Belsale & Bowman Funeral Home	319 S. 10 St.