MAR 28 1930

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

Do not use this space.

5954

1. PLACE OF DEATH
County Pettis
Township
City Hughesville (No. ..... St. ..... Ward)
Registration District No. 668
Primary Registration District No. B039
File No. Bishop
Registered No. 54

2. FULL NAME Billie Ray Martin
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 31-1928
7. AGE YEARS 1 MONTHS 3 DAYS 19 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) Hughesville (STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER Edmond Martin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Minnie Ringen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
14. INFORMANT Edmond Martin (Address) Hughesville Mo
15. FILED 2-28 1930 J. G. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1930
17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930, to Feb 20, 1930, that I last saw him alive on Feb 20, 1930, and that death occurred, on the date stated above, at 12 m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Empyema due to Influenza
11A
110A
(duration) yrs. 1½ mos. ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 12-1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. T. Bishop, M. D.
, 19 (Address) Sedalia 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 Hughesville Mo
DATE OF BURIAL Feb 22 1930
20. UNDERTAKER Gillespie
ADDRESS Sedalia

N. B.—Every item of information should be carefully [illegible]. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.