

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.

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

11797

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph (No. 1416 South 9 Street) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 509

2. FULL NAME Herbert Martindale  
 (a) Residence. No. 1416 So. 9 Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF (OR) WIFE OF Ruth Martindale

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30, 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	22	8	22	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Welder  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer C B & Q R R

9. BIRTHPLACE (CITY OR TOWN) Pattonsburg  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Stephan Martindale

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Croton  
 (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Esther Bush

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wallace  
 (STATE OR COUNTRY) Missouri

14. INFORMANT Ruth Martindale  
 (Address) 1416 So. 9 St. - St Joseph Mo.

15. FILED APR 24 1930  
John G. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1930, to Apr 16, 1930  
 that I last saw him alive on Apr 16, 1930, and that death occurred, on the date stated above, at St. Joseph m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Gen. Septicemia  
12 2 13  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Failure of [unclear] & [unclear]  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

3. DID AN OPERATION PRECEDE DEATH? Yes DATE OF ?  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS Clinical  
 (Signed) [Signature] M. D.  
Apr. 23, 19 30 (Address) Temp. [unclear] Bldg.

\*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 \_\_\_\_\_

Dearborn Missouri Apr. 24 19 30  
 20. UNDERTAKER [Signature] ADDRESS \_\_\_\_\_  
1802 Union St.

