

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

Do not use this space.

12046

1. PLACE OF DEATH
 County Clay Registration District No. 207
 Township Liberty Primary Registration District No. 3012
 City Liberty (No. _____) St. _____ Ward) _____
2. FULL NAME J. P. Martin
 (a) Residence. No. _____ Ward. _____
 (Usual place of abode) Liberty Mo (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** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Martin
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 3-1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 0 27

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

10. NAME OF FATHER J. P. Martin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va.
12. MAIDEN NAME OF MOTHER Elija Hunter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) N.C.

14. INFORMANT Gene R. Martin
 (Address) Ht. Joseph Mo.

15. FILED 5/10/30 W. H. Madison
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1930
17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1929 to April 30 1930
 that I last saw him alive on April 29 1930, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Multiple Congestive Sclerosis
87R

CONTRIBUTORY (SECONDARY) 84R
 (duration) _____ yrs. _____ mos. _____ ds.
 (duration) _____ yrs. _____ mos. _____ ds.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____
20. WAS THERE AN AUTOPT? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. H. Matthews, M. D.
 (Address) Liberty Mo
41, 1930

*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 Mt. Memorial Liberty Mo **DATE OF BURIAL** 5/1/30
20. UNDERTAKER Church. Archer Co Liberty Mo **ADDRESS**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 23 1930

