

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

Do not use this space.

18953

1. PLACE OF DEATH
 27 County Liberty Registration District No. 201
 Township Liberty Primary Registration District No. 5280
 City (No.) St. Ward)

2. FULL NAME James Thomas Martin
 (a) Residence No. Liberty #3 St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 60
 St. Ward)

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 Elizabeth Martin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 6 6

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). Sug.
 (c) Name of employer

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT Elizabeth Martin
 (Address) #3 Liberty, Mo.

15.

FILED 7/9/30
Wasserman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1930
 17. I HEREBY CERTIFY, That I attended deceased from May 30 1930 to June 13 1930, that I last saw him alive on June 12 1930, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
General Hemorrhage
82A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DISEASE?

(Signed) H. Mathews M. D.

June 8, 1930 (Address) Liberty, 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

Fairview, Liberty, Mo.

6/15/ 1930

20. UNDERTAKER

ADDRESS

Church-Ancher Co Liberty, Mo.

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.

