

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

Do not use this space.

19801

PLACE OF DEATH
County Jasper
Township Jasper
City Jasper (No. _____)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME

(a) Residence. No. 1 St. _____ Ward. _____
(Usual place of abode) Fairland Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. _____
If 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) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 1 1929

7. AGE YEARS MONTHS DAYS LESS than 1 day, _____ hrs. of _____ min.
67 21

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) Fairland Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Roy Martin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Hizzie Testerman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Roy Martin
(Address) Fairland Mo.

15. FILED 6/23/30 A. Benjamin Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1930
17. I HEREBY CERTIFY, That I attended deceased from 6-18-30 to 6-21-30
that I last saw him alive on 6-21-30, 1930, and that death occurred, on the date stated above, at 12:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intussusception
1220 (duration) yrs _____ mos _____ ds _____
CONTRIBUTORY (SECONDARY) 11801 (duration) yrs _____ mos _____ ds _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? yes DATE OF 6-18-30
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Elmer Wood M. D.
6-21-30 (Address) Jasper 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
Fairland Mo. 6-22-30
20. UNDERTAKER ADDRESS
Wendell and E. J. J. Mo.

PHYSICIANS should state exact statement of OCCUPATION is very important.

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A. BENSON CLARK, M. D.

630 Sergeant Avenue
JOPLIN, MISSOURI

June 22, 1931

19801

State Board of Health
Jefferson City, Mo.

Gentlemen:

In reply to yours of June 13, the birth of Roy Lee Martin who died June 21, 1930 occurred in Garland, Oklahoma.

Yours very truly,

A. Benson Clark
Dr. A. Benson Clark

ABC:MP

SUPPLEMENTAL

N. B.—Every item of information should be carefully supplied. A C
CAUSE OF DEATH in plain terms, so that it may b

1981-5