

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **2743**, **Clark Ave**)

25258

File No.
 Registered No. **7484**
 St. Ward

2. FULL NAME

Sam Martin
 (a) Residence. No. **2743rd Clark Ave** St. **22** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Cold's** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 13th 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 **1** **24**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Labarer**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Odd Jobs**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Macon, Miss.**

10. NAME OF FATHER **Payton Martin**

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

12. MAIDEN NAME OF MOTHER **Charlotte King**

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

14. INFORMANT

Luticia Martin
 (Address) **2743rd Clark Ave**

JUL 26 1930 FILED **19** **C. H. H. H.** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 17th 1930**

17. I HEREBY CERTIFY, That I attended deceased from **July 8th** to **July 17th** 19**30**, that I last saw him alive on **July 17th** 19**30**, and that death occurred, on the date stated above, at **9** **PM**.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C **Acute Myo-Carditis**
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. Brown**, M. D.

July 25th 1930 (Address) **923 N. Jefferson**

*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

Macon Miss **July 27th 30**

20. UNDERTAKER

ADDRESS

A. R. Beal Ind Co **2726 Lucas**
Edce

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.

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