

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

Do not use this space.

33327

1. PLACE OF DEATH

County Jasper
Township West City
City West City (No.)

Registration District No. 417
Primary Registration District No. 3021

File No.
Registered No. 171
St. Ward)

2. FULL NAME

George E. Martin
(a) Residence No. St. Ward.
(Usual place of abode) (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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 23 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 X 4

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stone County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jessie Martin

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Thomas Martin
(Address) Stone County, Missouri

15. FILED 10/28 30 R. M. J. Toymont
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928 to Oct 27, 1930 that I last saw him alive on Oct 27, 1930 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
abscess of lung
11/18
10/28
..... (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Dysentery
..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
11/18
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. L. Stelber M. D.
Oct 27, 1930 (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 Mount Hope Cem DATE OF BURIAL 10/28 1930

20. UNDERTAKER West City Und Co ADDRESS West City

CAUSE OF DEATH in plain terms, so that it may be properly classified, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 25 1930

