

DEC 22 1930

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

Do not use this space.

35663

1. PLACE OF DEATH
 County Cole Registration District No. 211
 Township Marion Primary Registration District No. 215 5791
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William T. 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

3. SEX M. 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 ~~64~~ 6 5

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Pauper
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 Name of employer 66

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Nancy Hale

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.

14. INFORMANT Records of County Farm (Address) Elston, Missouri

15. FILED 12/9/30 J. Bradford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1930, to Nov. 28, 1930, that I last saw h. a. m. alive on Nov. 27, 1930, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
 (duration) _____ yrs. _____ mos. 8 ds.

CONTRIBUTORY (SECONDARY) Myocarditis (chronic)
 (duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical symptoms
 (Signed) H. T. Kersch M. D.
 (Address) Elston, 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 New City Cemetery DATE OF BURIAL 12-1 1930

20. UNDERTAKER L. D. Hardiman ADDRESS J. C. Mo.

1. 1000

2. 1000

3. 1000

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18. 1000

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cole Registration District No. 2-11 File No. _____
 Township Marion Primary Registration District No. 3-291 Registered No. 27
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William T. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) S

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 1930

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

17. I HEREBY CERTIFY That I attended deceased from May 19, 1928 to Nov 28, 1930 that I last saw him alive on Nov 27, 1930, and that death occurred, on the date stated above, at 3-9 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23, 1868

THE CAUSE OF DEATH WAS AS FOLLOWS:
Profusional pneumonia

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 3 _____

CONTRIBUTORY (duration) _____ yrs. _____ mos. _____ ds.
Mycocarditis (Chronic)
 (SECONDARY) (duration) 2 yrs. _____ mos. _____ ds.

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

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

10. NAME OF FATHER Unknown

WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS physical symptoms
 (Signed) H. G. Leach, M. D.
 , 19 _____ (Address) Elston mo.

12. MAIDEN NAME OF MOTHER Emily Hall

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

14. INFORMANT Records of Co. Farm
 (Address) Elston mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL _____

15. FILED 1-2-31 Dr. P. Hutson
 REGISTRAR

20. UNDERTAKER ADDRESS _____

REGISTRARS SHALL RECEIVE A FEE FOR CERTIFYING UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Supplementary

5-35663