

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

Do not use this space.

295

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. 834 Warsaw Avenue St. _____ Ward)

File No. _____
 Registered No. 117

2. FULL NAME George D. Martin
 (a) Residence No. 834 Warsaw Ave. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 Abbey Martin
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 18, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 2 9

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER Casual Martin

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

12. MAIDEN NAME OF MOTHER Nancy Sader

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

14. INFORMANT Mrs. W. H. Cummings
 (Address) 834 Warsaw Ave. - St. Joseph Mo.

15. FILED John G. [Signature] REGISTRAR
 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 27 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Jan 27, 1931, that I last saw him alive on Jan 26, 1931, and that death occurred, on the date stated above, at 2/20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11 A Asphyxia
107 A (duration) yrs. mos. 7 ds.
 CONTRIBUTORY Bronch pneumonia
 (SECONDARY) (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED 1100

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? by

WHAT TEST CONFIRMED DIAGNOSIS Chemical
 (Signed) [Signature] M. D.

Jan. 28, 19 31 (Address) St Joseph 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 Ashland Cemetery DATE OF BURIAL Jan. 27, 19 31

20. UNDERTAKER H. C. Sidenfiden ADDRESS 1802 Union St.

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 important.

11
5
18 1931

