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

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

Do not use this space.

3771

File No. 1013

Registered No.

1. PLACE OF DEATH

County St Johns Hospital — Registration District No. 791

Township St Johns Hospital — Primary Registration District No. 1003

City (No. St. Johns Hosp. St. Ward)

2. FULL NAME George Martin

(a) Residence. No. (Usual place of abode) St., 12 Ward. De Soto Mo (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	W.	Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
45	2	9	

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) 115P 36

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Justus Martin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT John Martin (Address) Fornfelt Mo

15. FILED JAN 26 1931 Max C. Voorhees REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1931, to Jan 25, 1931 that I last saw him alive on Jan 25, 1931 and that death occurred, on the date stated above, at 5:00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Streptococcus Septicemia due to sore Throat non Diphtheritic from History

Patient became ill Jan 9 1931 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Hillsborough Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Blood Culture

(Signed) Chas. H. Neilson, M.D.

, 19 (Address) + Dr. F. J. Burke Humboldt Bldg.

*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 De Soto Mo Culvery Cemetery — DATE OF BURIAL 1-28 1931

20. UNDERTAKER Richardson McChurchin — ADDRESS De Soto Mo

mr b -

1931 - 1 - 25
1985 - 11 - 6
45 - 2 - 19

3167.