

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 very important.

MAR 27 1931

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

Do not use this space.

6880

1. PLACE OF DEATH  
 County St. Louis Registration District No. 785 File No. \_\_\_\_\_  
 Township Meramec Primary Registration District No. 6032 Registered No. 54  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Morris L. Martin  
 (a) Residence, No. Glencoe No. R-1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 5 23

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Not employed  
 (b) General nature of industry, business, or establishment in which employed (or employer) with Parents  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa

PARENTS

10. NAME OF FATHER Thos Martin

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Thos J. Martin  
 (Address) Glencoe, Mo. R-1

15. FILED 2/16 31 C. E. Barwood  
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 15-1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1931, to Feb. 15, 1931, that I last saw him alive on Feb. 15, 1931, and that death occurred, on the date stated above, at 9:30 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
accidental fall from chair in home

19. CONTRIBUTORY (SECONDARY) Heroin usage of brain  
 (duration) yrs. mos. ds. 30%

18. WHERE WAS DISEASE CONTRACTED at home  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Physic  
 (Signed) S. L. Denton, M. D.  
2/15, 1931 (Address) Ellisville 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 Bethel Cem. Mo DATE OF BURIAL Feb. 17-1931

20. UNDERTAKER Ciscoy W. Co - St. Clair ADDRESS Mo

