

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

Do not use this space

9776

**1. PLACE OF DEATH U.S.V.Hosp.**

County Jackson Registration District No. 3 File No. 11135  
 Township Kaw Primary Registration District No. 1 Registered No. 11135  
 City Kansas City, Mo. (No. U.S. Veterans Hospital St.          Ward)

**2. FULL NAME MARTIN, Edward**

**C-1 487 845 WOE**

(a) Residence. No. 1654 N 18th St. St.          Ward. Horseshoe Co B 110th Engrs.  
 (Usual place of abode) Kansas City, Kansas. (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mrs. Audra Martin**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 1, 1892**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**38 11 1**

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

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

10. NAME OF FATHER **Unknown**  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Unknown**  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER **Unknown**  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown**  
 (STATE OR COUNTRY)

14. INFORMANT **Hospital Records**  
 (Address) N. A. Vet. Hosp

15. FILED 3/3 1931 W. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 2** 1931

17. I HEREBY CERTIFY, That I attended deceased from **February 26** 1931 to **March 2** 1931 that I last saw him alive on **March 2** 1931 and that death occurred, on the date stated above, at **11:40 PM** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**V.H.D. Mitral Stenosis, severe and Auricular Fibrillation**

**92A**  
**90B** (duration) **1** or more yrs. mos. ds.  
**95A**  
 CONTRIBUTORY **Adhesive Pericarditis, chr.**  
 (SECONDARY) (duration) **1** or more yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **Unknown**  
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF   
 WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS **Physical Exam.**  
W.E. Chambers, M. D.  
**W.E. CHAMBERS, Med. Officer in Charge**  
**U.S.V. Hospital, Kansas City, 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 **Kansas City, Kansas** DATE OF BURIAL **3/2/31** 1931

20. UNDERTAKER **Freeman Mortuary, K.C.Mo.** ADDRESS

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.

