

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.

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

Do not use this space.

13966

1. PLACE OF DEATH

County Howard,
Township _____
City Fayette (No. _____)

Registration District No. 378
Primary Registration District No. 4222

File No. _____
Registered No. 43
St. _____ Ward _____

2. FULL NAME George Proctor 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 Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) # _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
69 about #

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Dan Martin,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT May Maggall
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL Howard Co.
PLACE DATE 4/15/31

19. UNDERTAKER Guy T. Halley,
(ADDRESS) Fayette, Mo.

20. FILED May 2, 1931 V. O. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/14/31 1931

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1928, to April 12, 1931
I last saw him alive on April 12, 1931 Death is said to have occurred on the date stated above, at 7: A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 4-4-31

2nd of 920
10

Other contributory causes of importance: hypertension 1926

Name of operation none Date of _____
What test confirmed diagnosis Phys. findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____

(Signed) Wm. J. Shaw, M. D.
(Address) Fayette, Mo.

MAY 23 1931

