

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

Do not use this space.

1. PLACE OF DEATH

County Nodaway
Township Arches
City (No.) St. Ward)

Registration District No. 619
Primary Registration District No. 5821

File No. 25773
Registered No. 12

2. FULL NAME

John Blakley Martin
(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

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 Martha Ellen Anderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 18 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>10</u>	<u>6</u>	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) near Kokomo
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Blakley Martin

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

12. MAIDEN NAME OF MOTHER Adeline Holler

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

14. INFORMANT Martha Ellen Martin
(Address) RFD #1 Clearmont Mo.

15. FILED July 26, 1931 J. H. Wiley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1931

17. I HEREBY CERTIFY, That I attended deceased from to that I last saw him alive on and that death occurred, on the date stated above, at 11:15 a. m.

THE CAUSE OF DEATH;* WAS AS FOLLOWS:
accidental gunshot wound of brain

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, in road 200 yards north
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) Chas. D. Humber M. D.
7/24/31 (Address) Crown, Nodaway Co 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 Witman DATE OF BURIAL 7-25-1931

20. UNDERTAKER Holton & Walker, Bradyville Mo. ADDRESS

RUN IN PENCIL UNFADING INK--THIS IS A PERMANENT RECORD

K. 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.

