

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

Do not use this space.

33701

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. (No. Missouri Methodist Hospital)

File No. 1099

Registered No. 1099 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 429 North 10th 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 9 25

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

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) Buchanan County Missouri

13. NAME Jasper Martin

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

15. MAIDEN NAME Mollie Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

17. INFORMANT (ADDRESS) Fred Martin St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE De Kalb, Mo. DATE Oct. 28, 1931

19. UNDERTAKER (ADDRESS) Fleeman Funeral Home St. Joseph, Mo.

20. FILED OCT 28 1931 John K. Bendera Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 26, 1931

22. HEREBY CERTIFY, That I attended deceased from Oct 20, 1931, to Oct 26, 1931

I last saw him alive on Oct 26, 1931. Death is said

to have occurred on the date stated above, at 10:45 p.m.

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

intestinal obstruction acute
1228 Unknown
97A

Other contributory causes of importance: menstric thrombosis

Name of operation Release of obstruction Date of Oct 23, 1931
What test confirmed diagnosis? Chemo 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 _____, 19____

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? no
If so, specify _____

(Signed) H. K. Wallace, M. D.
(Address) 601 N. 5 St. Joseph, Mo.

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.

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