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 21 1932

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

Do not use this space.

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 80 — File No.: 3831
Township: — Primary Registration District No.: 1001 — Registered No.: 184
City: St. Joseph Mo (No. State Hospital #2 St. ..... Ward)

2. FULL NAME: Dan Martin
(a) Residence. No. (Usual place of abode): Rockport Mo Ward. (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: M
4. COLOR OR RACE: W
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): About 1846
7. AGE: YEARS 86 — MONTHS — DAYS Unknown — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
14. INFORMANT: State Hospital Records
(Address): St Joseph Mo
15. FILED: FEB 29 1932 — John R. Bender, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 21 1932
17. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1916 to Feb 21, 1932 that I last saw him alive on Feb 21, 1932 and that death occurred, on the date stated above, at 7:10 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
93 C
Chronic Myocarditis
(duration) yrs. 4 mos. ds.
CONTRIBUTORY (SECONDARY): 93 C
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? No DATE OF (1)
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr Clifton Smith, M. D.
Feb 21, 1932 (Address) State Hosp #2 St Joseph 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: State Hospital #2 — DATE OF BURIAL: Feb. 28 1932
20. UNDERTAKER: Fred D Clark — ADDRESS: 5025 King Hill Av