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.

FEB 23 1932

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

Do not use this space.

1. PLACE OF DEATH

24 County Clay — Registration District No. 198 — File No. 4069

2 Township Fishing River — Primary Registration District No. 3011 — Registered No. 2

City Excelsior Springs, Mo. (No. Veterans Hospital St. 3rd Ward)

4 2. FULL NAME MARTIN, Lynne

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. (Usual place of abode) — Mountain View, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 29 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. Mary A. Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 21, 1892

7. AGE: YEARS 39 — MONTHS 4 — DAYS 15 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farming 1

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

10. Date deceased last worked at this occupation (month and year): unknown

11. Total time (years) spent in this occupation: unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois 2

FATHER

13. NAME: Charles A. Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Nellie Gaston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Hospital records Veterans Hospital, Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dudley, Mo. DATE 2-5-32 19

19. UNDERTAKER (ADDRESS): Herbert Hope Excelsior Springs Mo

20. FILED 2/5 1932 Y.D. Craven Registrar.

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1932, 19..., to February 5, 1932, 19...

I last saw him alive on February 5, 1932, 19... Death is said to have occurred on the date stated above, at 8:15 am

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

Pericarditis, septic with effusion — Date of onset

22A

90B

23

Other contributory causes of importance: Chronic pulmonary tuberculosis mod. advanced, inactive

Name of operation none — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury ..., 19...

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify none

(Signed) [signature], M. D.

(Address) Excelsior Springs, Mo.