

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

Do not use this space.

6670

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 3008
City St Louis (No. 4124 Botanical a. St. Ward)

File No.
Registered No. 1745
St. Ward)

2. FULL NAME

Martin R. Furtney
(a) Residence, No. 4124 Botanical St. 17 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 - 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 9 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tool maker 60
10. Date deceased last worked at this occupation (month and year) Oct 1931 11. Total time (years) spent in this occupation 35 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand Rapids, Mich

FATHER 13. NAME Thomas Furtney

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER 15. MAIDEN NAME Jessie Taylor

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT (ADDRESS) Ella J Furtney

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Feb. 24, 1932

19. UNDERTAKER (ADDRESS) J. J. Gibson & Co

20. FILED FEB 23 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 10:15 a.m.

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

1646
Carbon Monoxide Poisoning
due to burning gas coming by furnace from gas returning in closed garage.
Success

Other contributory causes of importance:

1646

Name of operation..... 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? suicide Date of injury Feb 20, 1932

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

Manner of injury auto burning in closed garage

Nature of injury No injury Carbon Monoxide

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

(Signed) John H. Dewey M.D.
Address 1745 Botanical St. St. Louis

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.

