

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

Do not use this space.

28329

1. PLACE OF DEATH

111 County Wayne
1 Township St. Francis
3 City Greenville (No.)

Registration District No. 890
Primary Registration District No. 4339

File No.
Registered No.
St. Ward)

2. FULL NAME Arthur E. Martin

(a) Residence. No. 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. 3 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 Bessie Mae Martin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 6 16

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Post office
(b) General nature of industry, business, or establishment in which employed (or employer) Clerk 183
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Williamsville Mo.
(STATE OR COUNTRY) Wayne Co Mo.

10. NAME OF FATHER John Oth Martin

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

12. MAIDEN NAME OF MOTHER Mary Bennet

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

14. INFORMANT Bessie Mae Martin
(Address) 2042 Beacon Ave St Louis Mo

15. FILED 8/6, 1932 A. G. Newpleton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/6 1932
17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 10:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heat Prostration & Heart Failure
191 (duration) yrs. mos. ds. 305

CONTRIBUTORY (SECONDARY) 191 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (5)
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Chas Lamb M.D.
. 19 Deceased, 400 Carson

*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 St Louis MO. DATE OF BURIAL 8/8 1932

20. UNDERTAKER Leah and Co. ADDRESS St Louis 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.

SEP 27 1932

