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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 389 — File No. 39837
Township Kan — Primary Registration District No. 1008 — Registered No. 4845
City Kansas City (No. Kansas City General Hospital St. ..... Ward)

2. FULL NAME Martin Thomas
(a) Residence, No. 1828 Newton St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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: Julia Martin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-10-1881
7. AGE: YEARS 51 — MONTHS 7 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 24
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): Ireland 15

FATHER
13. NAME: Thomas Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Mary Clifford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Record Clerk K. C. General Hospital
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Maurys DATE 12-20-32
19. UNDERTAKER (ADDRESS): Tuick & Tolin
20. FILED Dec 19 1932 M. M. Crowe Asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-18-, 1932
22. I HEREBY CERTIFY, That I attended deceased from 12-17-, 1932, to 12-18-, 1932
I last saw him alive on 12-18-, 1932 Death is said to have occurred on the date stated above, at 4:30 a m.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia — Date of onset
47B
107A 47B
Other contributory causes of importance: Carcinoma of Lung Rt.
1
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes
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? .....
If so, specify .....
(Signed) J H Jennett, M. D.
(Address) .....