

**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. 333  
Township Wesley Primary Registration District No. 1000  
City Kansas City (No. 12) General Hosp

File No. 1830  
Registered No. 927  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James E. Martin  
(a) Residence, No. Deeping Road St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13 1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
52 4 28  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
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) Mich.

13. NAME James Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mahealy Milligan

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

17. INFORMANT (ADDRESS) Reverend Clerk, Roman Catholic Church, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Federal Hill DATE Feb 24 - 33

19. UNDERTAKER (ADDRESS) Quirk & Soper, 2120 Broadway

20. FILED 7/24 1933 M. M. Browne Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 9, 1933 to Jan 11, 1933

I last saw him alive on Jan 10, 1933 Death is said to have occurred on the date stated above, at 9:08 p.m.

The principal cause of death and related causes of importance were as follows:  
Bronchopneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: 1071 1072

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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. J. [Signature], M. D.

1-11-33 (Address) 1227 General Hosp. Kansas City, 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.

WHITE (PRINT) WITH ONFADING INK—THIS IS A PERMANENT RECORD

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