MAR 2 1933

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

Do not use this space.

2511

1. PLACE OF DEATH
County Newton — Registration District No. 609 — File No. 4
Township W. Benton — Primary Registration District No. 5809 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Jess Martin
(a) Residence No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Hannah Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1845

7. AGE: YEARS 87 — MONTHS 8 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Unknown Indiana

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Chas. Martin Neosho R #3, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazel Green Cem. DATE 1-14, 1933

19. UNDERTAKER (ADDRESS) Caley Thompson Neosho Mo.

20. FILED 1/20 1933 C. E. Mauss Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1933, to Jan. 13, 1933
I last saw him alive on Jan. 8, 1933. Death is said to have occurred on the date stated above, at 6 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
107A 1078	

Other contributory causes of importance:

Name of operation ..... 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. R. Edmondson, M. D.
(Address) Stella, Mo.