

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.

7137

1. PLACE OF DEATH

County St. Louis, Missouri.
Township Carondelet
City Jefferson Barracks, Mo.

Registration District No. 1123

Primary Registration District No. 6248 B
Veterans Administration Hospital, St. _____ Ward)

File No. _____

Registered No. 65

2. FULL NAME Martin VOTAW

(a) Residence, No. 6026 Thekla, St. Louis, Mo. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred Un yrs. kn mos. OWN ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Flora Votaw</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 16, 1893</u>				
7. AGE YEARS <u>40</u>	MONTHS <u>40</u>	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Box Maker.</u>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hinde-Dauch Paper Company.</u>				
10. Date deceased last worked at this occupation (month and year) <u>Oct. 1932</u>				
11. Total time (years) spent in this occupation <u>Abt. 3</u>				

OCCUPATION

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 18, 1933
22. I HEREBY CERTIFY, That I attended deceased from November 8, 1932 to February 18, 1933
I last saw him alive on February 18, 1933. Death is said to have occurred on the date stated above, at 9:20 AM.
The principal cause of death and related causes of importance were as follows:

Aplastic Anemia Date of onset Unk.

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) St. Louis Co., Missouri.
(STATE OR COUNTRY)

13. NAME William Votaw

14. BIRTHPLACE (CITY OR TOWN) St. Louis Co., Missouri.
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Lowry

16. BIRTHPLACE (CITY OR TOWN) St. Louis Co., Missouri.
(STATE OR COUNTRY)

17. INFORMANT C. H. SMITH, M.D. Clin. Director
(ADDRESS) Vet. Adm. Hosp. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Feb 21 33

19. UNDERTAKER Math. S. S. S. Son
(ADDRESS) 2761 E. Franklin

20. FILED Feb. 20, 1933 L. C. Choctaw
Registrar.

Name of operation Fourteen Blood Transfusions Date of Nov. 16/32 to Feb. 16/32
What test confirmed transfusions Was there an autopsy? Yes
Clinical, histological, bacteriological, and chemical
findings & clinical course.

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) W. C. GIBSON, M.D. Chief of InChg.
(Address) Vet. Adm. Hosp. Jeff. Brks., Mo.

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