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

Do not use this space.

18033

File No. 4232

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1013

City St Louis (No. Masonic Home ..... St. ..... Ward)

2. FULL NAME Josephus Lindley Martin

(a) Residence, No. 5351 Delmar St. 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12 - 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	80	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not known

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) Rudolph Co. (STATE OR COUNTRY) Missouri

FATHER

13. NAME William Brown Martin

14. BIRTHPLACE (CITY OR TOWN) Wayne Co. (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Sarah Margaret Goodwin

16. BIRTHPLACE (CITY OR TOWN) Randolph Co. (STATE OR COUNTRY) Kentucky

17. INFORMANT Wilmoth Waller (ADDRESS) 5351 Delmar St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Macon, Mo. DATE May 15, 1933

19. UNDERTAKER Skinner Mud Co. (ADDRESS) Macon, Mo.

20. FILED MAY 12 1933 19.... [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 - 1933

22. I HEREBY CERTIFY, That I attended deceased from August 17 -, 1932, to May 12 -, 1933

I last saw him alive on May 11 -, 1933. Death is said to have occurred on the date stated above, at 4.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days
108	
93C 108	
Other contributory causes of importance:	
Chronic Myocarditis	6 months

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy. Ex. 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? No

If so, specify .....

(Signed) [signature], M. D.

(Address) 508 N. Grand Blvd.

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.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD