

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 6138
City St. Louis mo (No. Barnes Hospital)

File No. 21742
Registered No. 5546
St. _____ Ward _____

2. FULL NAME John Edward Martin

(a) Residence, No. New Salem Ills. St. 17 Ward. New Salem Ill
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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 Ella Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62. 4 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postmaster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. new crew Ills.
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) Illinois

13. NAME John Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

15. MAIDEN NAME Jean Bazin

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

17. INFORMANT Ella Martin (ADDRESS) New Salem Ills.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem Ills DATE June 26, 1933

19. UNDERTAKER Thos. Curtis (ADDRESS) 2906 Granger av.

20. FILED 20 1933 J. F. Brebeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-23, 1933 to 6-24, 1933

I last saw him alive on 6-24, 1933 Death is said to have occurred on the date stated above, at 8:20 A.M.

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

Brain Abscess
Pneumonia Broncho
78A
97B 78
117A
Other contributory causes of importance: _____

Name of operation Crematory Date of 5/31/33
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 _____
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) F. R. Bradley M. D.
(Address) BARNES HOSPITAL

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.

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