

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

Do not use this space.

22136

1. PLACE OF DEATH

108 County Vermon Registration District No. 875
Township Washington Primary Registration District No. 6162
City Wardsburg (No. _____, St. _____ Ward _____)

File No. _____
Registered No. 144

2. FULL NAME

(a) Residence, No. State Hosp #3 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred _____ yrs. mos. 6 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 1911
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
22 1 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Stone Co. Mo.

FATHER 13. NAME James Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co. Mo.

MOTHER 15. MAIDEN NAME Sannah

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co. Mo.

17. INFORMANT (ADDRESS) James Martin, Galva Mo. R.R. 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Reeds Springs Mo. DATE June 26 1933

19. UNDERTAKER (ADDRESS) Walter Bickling, Nevada Mo.

20. FILED 7-5-1933 G. O. King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1933
22. I HEREBY CERTIFY that I attended deceased from June 19 1933 to June 25 1933
I last saw him alive on June 25 1933 Death is said to have occurred on the date stated above, at 3:25 P. M.
The principal cause of death and related causes of importance were as follows:

Heat by exhaustion
Mental state
Mental Deficiency
Date of onset 30
20
20 yrs

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? No

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 Lawrence L Cooper, M. D.
(Address) Nevada Mo.

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.

JUL 28 1933

