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.

SEP 26 1933

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

Do not use this space. 26565

1. PLACE OF DEATH
County JACKSON — Registration District No. ..... — File No. 3310
Township KAW — Primary Registration District No. ..... — Registered No. .....
City KANSAS CITY (No. 3828, BALTIMORE AVE St. ..... Ward)

2. FULL NAME JAMES W. MARTIN
(a) Residence, No. 3828 BALTIMORE St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 52 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~~ MRS. CARRIE H. MARTIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-29-1860

7. AGE: YEARS 73 — MONTHS 4 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOE BUYER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FOWLER PACKING CO
10. Date deceased last worked at this occupation (month and year) AUGUST-1933
11. Total time (years) spent in this occupation 40 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BURLINGTON IOWA

FATHER
13. NAME JOHN H. MARTIN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTLAND

MOTHER
15. MAIDEN NAME HELEN PATTERSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA

17. INFORMANT (ADDRESS) MR. ROY H. MARTIN LIBERTY, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE AUGUST 19, 1933

19. UNDERTAKER (ADDRESS) D.W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED 8-19, 1933 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1933, to Aug 17, 1933
I last saw him alive on Aug 17, 1933. Death is said to have occurred on the date stated above, at 2:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Prostata and left kidney	Aug 17 33
Other contributory causes of importance:	
Terminal Bronchopneumonia	Aug 12

Name of operation no — Date of .....
What test confirmed diagnosis? Pm — 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 ....., 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) George H. Hoxie, M. D.
(Address) 1000 Rialto Bldg

10:00 Rialto Bldg
11-12:30; 2-4:30