

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

Do not use this space.

32187

**1. PLACE OF DEATH**

County Boone  
Township Bedaw  
City (No. ....) St. .... Ward)

Registration District No. 91  
Primary Registration District No. 3710A

File No. ....  
Registered No. 28

**2. FULL NAME**

(a) Residence, No. .... St., .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 7 mos. 27 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 Bessie Martin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24 - 1889  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
44 7 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm  
10. Date deceased last worked at this occupation (month and year) May - 1933 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) Boyley (STATE OR COUNTRY) Missouri

FATHER 13. NAME J. W. Martin

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Virginia Wimpey

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

17. INFORMANT J. W. Martin (ADDRESS) Highmass Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville Mo DATE 10-25 1933

19. UNDERTAKER Ashland Undert Co (ADDRESS) Ashland Mo

20. FILED 10-25 1933 C. J. Nichols Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug-1 1935 to Oct 21 1933  
I last saw him alive on Oct 21 1933 Death is said to have occurred on the date stated above, at 6:00 p. m.

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

Pulmonary Tuberculosis  
23A  
23B

Date of onset

Other contributory causes of importance:

Name of operation clinical Date of 10-21  
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? no Date of injury ..... 19.....  
Where did injury occur? no (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) A. B. Sweet M. D.  
(Address) Ashland Mo.

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.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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