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.

JAN 3 1934

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

Do not use this space.

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 35783

Township — Primary Registration District No. — Registered No. 1176

City St. Joseph (No. 721 south 9 street St. Ward)

11 5 9

2. FULL NAME Isidor Martin

(a) Residence, No. 721 south 9 street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 19 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: Nellie Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 7 1885

7. AGE: Years 48 — Months 10 — Days 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor in Cafeteria

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) Nov. 27, 1933.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pfetterhausen Germany

FATHER

13. NAME: Adolph Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pfetterhausen Germany

MOTHER

15. MAIDEN NAME: Francis Litzer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pfetterhausen Germany

17. INFORMANT (ADDRESS): Mrs Nellie Martin 721 south 9 street St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Olivet Cemetery
PLACE St. Joseph Mo. DATE Nov. 29 1933

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union st St. Joseph Mo.

20. FILED 11-29- 1933 John R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 27, 1933

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:30P m.

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

Head cut open by circle saw. Skull Fractured 185 1926

Date of onset

Other contributory causes of importance: Base of saw pulled off and saw struck him in head

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9/26, 1933

Where did injury occur? St Joseph Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home sawing

Manner of injury Cutting wood & base flew off

Nature of injury Saw cut head

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Forrest Thomas Coroner M.D.

(Address) 801½ Felix St

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