

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

Do not use this space.

37371

1. PLACE OF DEATH

County Oregon
Township Shayer
City Thayer (No.)

Registration District No. 632
Primary Registration District No. 5834

File No.
Registered No. 28 St. Ward)

2. FULL NAME

Fredie Beul Martin

(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 yrs. mos. ds., How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep-25-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 1 25

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

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) Mammoth Spring Ark.

13. NAME J. Hobson Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mammoth Spring Ark.

15. MAIDEN NAME Lucile Whiteside

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mammoth Spring Ark.

17. INFORMANT (ADDRESS) J. Martin

18. BURIAL, CREMATION, OR REMOVAL PLACE Caro DATE 11-22-33

19. UNDERTAKER (ADDRESS) Leo Caro

20. FILED Nov. 25, 1933 George Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-20 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1933, to Nov 20, 1933
I last saw him alive on Nov 20, 1933 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Intestinal
131 Typhoid

Other contributory causes of importance:

131

Name of operation Date of
What test confirmed diagnosis? Laby 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?

If so, specify

(Signed) H. B. Hull M. D.
(Address) Mammoth Spring Ark.

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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