

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

Do not use this space.

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PLACE OF DEATH  
County Talack Registration District No. 190  
Township \_\_\_\_\_ Primary Registration District No. H112  
City Kahoka (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 75  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Edward Leo 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mable V. Perry  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26, 1891  
7. AGE YEARS 42 MONTHS 3 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Sales Garage  
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) Talack Mo Missouri  
13. NAME Charles Martin  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Iowa  
15. MAIDEN NAME Margaret Lubber  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lake Park Iowa  
17. INFORMANT (ADDRESS) Arlo Martin Kahoka Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Kahoka Cem. DATE Dec. 14, 1933  
19. UNDERTAKER (ADDRESS) Fred Tharles Kahoka Mo  
20. FILED 12/14 1933 J. R. Anderson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1933  
22. I HEREBY CERTIFY, That I attended deceased from Dec 9 to Dec 11, 1933  
I last saw him alive on Dec 11, 1933 Death is said to have occurred on the date stated above, at 8:45 P.M.  
The principal cause of death and related causes of importance were as follows:  
Acute Dilatation of Heart with fatty degeneration  
Date of onset 7:50  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? W  
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 M. R. Hobbs M. D.  
(Signed) Kahoka, Mo  
(Address) \_\_\_\_\_

ONLY, WITH THE HELP OF THE JING INK---TH 5 IS A PERMANENT RECORD

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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