

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

Do not use this space.

FEB 27 1934

1. PLACE OF DEATH

County Lewis Registration District No. 1480
Township Salern Primary Registration District No. 0049
City (No. _____) St. _____ Ward _____

File No. 1779
Registered No. _____

2. FULL NAME Daniel W. 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 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 Jennie May Martin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14th 1860
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 2 2 _____
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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. Life time

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

13. NAME Thomas Jefferson Martin

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

15. MAIDEN NAME Hannah Martin

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

17. INFORMANT J. J. Martin (ADDRESS) Living Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ben Dover Mo DATE July 18 1934

19. UNDERTAKER (ADDRESS) Philadelpia

20. FILED July 10 1934 Alvin P. Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/16/34 1934

22. I HEREBY CERTIFY, That I attended deceased from October 20th 1933, to January 3rd 1934
I last saw him alive on January 3rd 1934. Death is said to have occurred on the (date stated above, at 4 P. m.)
The principal cause of death and related causes of importance were as follows:

Nephritis and generalized toxemia and myocardial insufficiency
Date of onset Oct 20th 1933

Other contributory causes of importance: Debilitated and advanced age

Name of operation _____ Date of _____
What test confirmed diagnosis? Laboratory 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? no
If so, specify _____
(Signed) E. O. Holmes, M. D.
(Address) Newark Mo.

OCCUPATION

FATHER MOTHER

GROUP OF DEATHS in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

