

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.

JUN 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County Worth  
Township Union  
City Union (No.         )

Registration District No. 904  
Primary Registration District No. 6215-

File No. 22989  
Registered No.           
St.          Ward         

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 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 Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 - 1872  
7. AGE YEARS 62 MONTHS 3 DAYS 17 If LESS than 1 day, ..... hrs. or ..... min.

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         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taylor, Mo

13. NAME Mathew Martin

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

15. MAIDEN NAME Jane Carlton

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

17. INFORMANT Breda Galpin  
(ADDRESS) Sheldon mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Whitlan Ia DATE June 9 34

19. UNDERTAKER Long & Boyd  
(ADDRESS) Sheldon mo

20. FILED June 9, 1934 Wm C. H. Bond  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1934

22. I HEREBY CERTIFY That I attended deceased from Feb 15, 1932, to June 8, 1934

I last saw him alive on June 8, 1934. Death is said to have occurred on the date stated above, at 9 P. m.

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

Pulmonary tuberculosis  
234

Other contributory causes of importance: 93

Name of operation          Date of         

What test confirmed diagnosis?          Was there an autopsy? 20

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? 20

If so, specify         

(Signed) Al Lang, M. D.

(Address) Sheldon mo

