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.

SEP 30 1934

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

Do not use this space.

File No. 29363
Registered No.

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1007
City: Kansas City (No. 2858 S.W. Blvd St. Ward)

2. FULL NAME: Thomas Martin
(a) Residence, No. 2858 S.W. Blvd St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 7-1864
7. AGE: Years 70 — Months 3 — Days 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer
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): Kansas

FATHER
13. NAME: Thomas Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rochester N.Y.

MOTHER
15. MAIDEN NAME: Helen Colligan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Y.

17. INFORMANT (ADDRESS): Mrs. Annie Newby 2904 Summit
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt. St. Mary's DATE: Aug 14, 1934
19. UNDERTAKER (ADDRESS): J. F. O'Donnell Co
20. FILED: 8/16, 1934 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/14/34, 19
22. I HEREBY CERTIFY, that I attended deceased from ....., to ....., 19.... I last saw h.... alive on ..... Death is said to have occurred on the date stated above at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma	
Metastasis to Cervical Lymph Nodes	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy?

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) ....., M. D.
(Address)