

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

Do not use this space.

30110

1. PLACE OF DEATH

County Mississippi Registration District No. 566 File No. _____
 Township _____ Primary Registration District No. 3830 Registered No. 120
 City Charleston (No. _____) St. _____ Ward _____

2. FULL NAME Fred J. 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. 8 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Genevieve Martin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8th 1888</u>		
7. AGE	YEARS	MONTHS
<u>46</u>	<u>2</u>	<u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		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) <u>Seabrook, Mo.</u>		
MOTHER	13. NAME <u>Frances H. Martin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seabrook, Mo.</u>	
FATHER	15. MAIDEN NAME <u>Mary R. Hayes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seabrook, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Kate Fox</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Seabrook, Mo. DATE <u>Aug 9</u> 19<u>34</u></u>		
19. UNDERTAKER (ADDRESS) <u>Charlton Undert Co. Charleston, Mo.</u>		
20. FILED <u>Aug 9th 1934</u> <u>J. D. Warner</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 8/4 1934 to 8/8 1934
 I last saw h. ER alive on 8/8 1934 Death is said to have occurred on the date stated above, at 5:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
Hypertension
 Other contributory causes of importance:
None
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Cl. Sympth 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. Chas. Polvering M. D.
 (Address) Charleston, Mo.

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.

