

OCT 22 1934

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

Do not use this space. C

1. PLACE OF DEATH

County **JACKSON**Registration District No. **398**Township
City **INDEPENDENCE**Primary Registration District No. **3019**
(No. **913 S. HOOKER**, St. _____ Ward _____)File No. **32689**Registered No. ~~32689~~ **294**
St. _____ Ward _____2. FULL NAME **THADDAEUS S. MARTIN**(a) Residence, No. **913 S. HOOKER**, St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **21** 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
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR WIFE OF) **ANNA MAY MARTIN**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1 - 8 - 1850**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	84	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **RETIRED**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **BAKER**10. Date deceased last worked at this occupation (month and year) **21 YEARS**
11. Total time (years) spent in this occupation **NO RECORD**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **NO RECORD ILLINOIS**13. NAME **ZACHARIAH S. MARTIN**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MARYETTA OHIO**15. MAIDEN NAME (NO RECORD) **LOGAN**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **NO RECORD KENTUCKY**17. INFORMANT **MRS. ANNA MAY MARTIN**
(ADDRESS) **913 S. HOOKER, INDEP. MO.**18. BURIAL, CREMATION, OR REMOVAL
PLACE **MOUND GROVE** DATE **SEPT. 5, 1934**19. UNDERTAKER **STAHL'S FUNERAL HOME**
(ADDRESS) **815 W. MAPLE AVE. INDEP. MO.**20. FILED **9-4** 1934 **Dr. J. H. Cook**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **SEPT. 2, 1934** 1922. I HEREBY CERTIFY, That I attended deceased from **Aug 1** ²⁴ **Sept 2, 1934** 19
I last saw him alive on **Sept 1, 1934** 19 Death is said to have occurred on the date stated above, at **9:10A** m.
The principal cause of death and related causes of importance were as follows:

Terminal Hypostatic Pneumonia 3 days
Prone

Other contributory causes of importance:
Cerebral Hemorrhage (Ch) 6 mos

Name of operation _____ Date of _____
What test confirmed diagnosis? **Clinical** 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 _____, 19Where 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) **C. E. Guckert M.D.** M. D.
(Address) **Indep. Mo**

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.

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WHITE-BREAST WITH UNFADING INK—THIS IS A PERMANENT RECORD

