

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.

JAN 12 1935

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

Do not use this space.

42557

1. PLACE OF DEATH
36 County Franklin Registration District No. 295
6 Township Miramonte Primary Registration District No. 4179
2 City Sullivan (No. St. Ward)

2. FULL NAME Henry Clark Martin
(a) Residence, No. Sullivan, Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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 Daisy Martin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6, 1886
7. AGE YEARS 48 MONTHS 4 DAYS 19 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 2

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

13. NAME Henry Martin

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

15. MAIDEN NAME Sarah Brake

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

17. INFORMANT (ADDRESS) Daisy Martin Sullivan Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sullivan, Mo. DATE Dec 27, 1934

19. UNDERTAKER (ADDRESS) J. J. Williams Sullivan, Mo.

20. FILED 17/26 1934 Ed. P. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to Dec 25, 1934
I last saw him alive on Dec 25, 1934. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:
Pulmonary T. B.
23 1/2
Other contributory causes of importance:
Date of onset ?

Name of operation Date of
What test confirmed diagnosis? physical 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) R. P. ... M. D.
(Address) Sullivan Mo.

